

GNCARESOURCES LTD

# GN Care Services Ltd

## Inspection report

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Tel: 02039738561

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

GN Care Services Ltd is a domiciliary care agency providing personal care. The service provides support to people living in their own homes in the community. At the time of our inspection there were 30 people using the service. 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

Some aspects of the recruitment process were not always safe. Some staff files did not contain all the information providers are required to have to ensure staff are of good character and suitable to work with people. After the inspection the provider sent us confirmation on how they would reduce risk in this area and keep people safe.

After our last inspection the provider sent in an action plan to tell us how they were going to make improvements in the systems to help monitor missed and late calls. At this inspection we found the provider had started to introduce a new monitoring system. They hoped to fully implement this system by the end of November 2022. The provider had also introduced new quality assurance checks to make sure people received care and support in line with our regulations. Unfortunately, the checks did not identify the issues we found with recruitment. This meant there was still a risk that the provider may miss areas of risk and unsafe practice.

The provider had systems and processes in place to safeguard people from abuse. Staff knew how to protect people from abuse and how to manage people's risk to keep people safe. People's medicines were managed safely. There were enough staff to support people and meet their needs. Staff followed infection and prevention procedures to help reduce the risk of infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider was in the process of making improvements to the service and continued to work with the local authority to make things better for people. The provider engaged and involved people and staff in the running of the service and made sure they used learning from concerns raised to develop their systems and processes to improve the care and support people received.

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 requires improvement (published 20 September 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found the provider was making improvements in the areas identified in their action plan but remained in breach of regulations.

#### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted by concerns received about the recruitment procedures in place having an impact on people's safety. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with some checks carried out to make sure the recruitment of staff was safe, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

#### Enforcement

We have identified breaches in relation to checks undertaken as part of the recruitment process and how the provider assesses and manages risk in relation to recruitment.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# GN Care Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 1 November 2022 and ended on 9 November 2022. We visited the location's office on 1 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they were first registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager and the care coordinator. All the head office team provided care and support to people using the service. We reviewed a range of records including records relating to staffing and recruitment and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not always make sure recruitment records were complete and risk had been assessed. There was a risk staff may not always be suitable for their role. We carried out this inspection in part due to concerns we received about the recruitment process and systems in place to ensure staff were of good character and suitable to work with people.
- We found two examples where important documentation such as risk assessments were missing on staff files. These were important because the provider needed to document the reasons why they had employed certain staff and the actions they had taken to keep people safe. Without this information there was a risk staff may not always be suitable for their role.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider sent us risk assessments to show how they intended to reduce risk to people and keep them safe.

- There were enough staff to meet the needs of people using the service and since our last inspection the provider had made improvements to the way staffing allocation was managed and reduce the number of late and missed calls. We will look at this again during our next inspection to ensure system changes are properly used and fully embedded.
- The provider was making improvements to ensure people received consistent care and support from a regular staff team.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Whilst there had not been any safeguarding concerns raised since our last inspection, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- Staff had received training on safeguarding vulnerable adults and were expected to complete regular refresher training to ensure their knowledge was up to date with current best practice.

### Assessing risk, safety monitoring and management

- The provider managed risks to people's safety and wellbeing. People's records contained information about identified risks to their safety and wellbeing and what staff should do to manage these risks, to keep people safe.

- When people's needs changed their risk assessments were updated accordingly to make sure they remained safe. People and staff were provided with information about what to do in case of an emergency situations so people would receive appropriate assistance to support their safety and wellbeing.

#### 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 MCA 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.

- The registered manager was aware of their obligations under the MCA and confirmed systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support.
- Where people lacked capacity to make specific decisions, we were assured the processes were in place to involve people's representatives and healthcare professionals to make sure decisions would be made in people's best interests.

#### Using medicines safely

- Where the service was responsible for this, people received their medicines safely and as prescribed. The provider conducted regular audits to make sure people received their medicines safely.
- Senior staff undertook annual competency checks on staff and carried out audits on people's records to make sure staff administered medicines safely.

#### Preventing and controlling infection

- Staff used personal protective equipment (PPE) safely and effectively.
- Staff made sure people's homes were clean and hygienic to prevent the spread of infection.
- The provider was accessing COVID-19 testing in line with guidance and had engaged in the vaccination programme for people and staff.
- The provider's infection prevention and control policy was up to date and had plans in place to make sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene practices to help them reduce risks to people of acquiring foodborne illnesses when preparing and serving food.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents. The provider investigated accidents and incidents and took action when this was needed to reduce the risks of recurrence.
- Learning from accidents and incidents was shared with staff to help them improve the quality and safety of the support provided.



# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to make sure robust systems and processes were in place to monitor and audit the accuracy of records maintained in relation to care calls. This meant the provider could not fully assure themselves staff were attending care calls at the right time and for the duration planned. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in this area but not enough to meet all of the required standards and the provider remained in breach of regulation 17.

- The provider had invested in a new electronic monitoring system to log staff calls to make sure people received their care and support at the times agreed with them. This was being implemented at the time of our inspection and the provider hoped to have the new system up and running by the end of November 2022. We will look at this system again during our next inspection to make sure the improvements made are working and the provider is able to effectively monitor staff calls.
- The provider had undertaken a quality assurance audit looking at each of the five key questions and identifying areas for improvements. However, this had failed to identify the issues we found with the recruitment of staff. This meant we had limited assurance about the quality assurance systems in place to keep people safe.

Although some improvements were in the process of being made more work was needed to make sure there was an effective oversight and governance processes in place to reduce the risk of people receiving unsafe, poor quality care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to undertake regular monitoring checks of the safety and quality of care and support provided to people. This included regular calls to people, checks on staff and audits of information such as medicine records and daily notes. Any issues from these checks were used to support staff to learn and improve their working practices.

Continuous learning and improving care; working in partnership with others; 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 provider was open to continuous learning and responded positively to our feedback putting actions in place to improve the service.
- Staff worked closely with other agencies such as the local authority and health care professionals to help improve people's care. For example, following a fall, staff would work with local healthcare professionals to make sure people had any additional equipment they needed to help them mobilise and ensure staff received any additional training to support people to remain safe.
- The provider was committed to improving their systems and processes to help monitor the care and support people received. When something went wrong the registered manager told us they would apologise to people, and those important to them. They told us, "I will tell the truth and say sorry if I need to. When a client calls [with a problem] the first thing I do is apologise and then I talk about it with them and see how we can make things better for them".
- The provider notified CQC of events or incidents involving people which helped us check they took appropriate action to ensure people's safety and welfare in these instances.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received regular visits from the senior staff team to make sure people were happy and received safe and appropriate care and support. Staff told us they responded to any concerns reported to them to make sure they resolved any issues so people's outcomes were positive.
- People were provided opportunities to have their say about the service and how it could improve. The provider used telephone monitoring checks and spot checks on staff to gather people's views and what improvements they would like to see. Staff were encouraged through supervision to give their ideas and about how care and support could continually be improved for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity 17(2)(a)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider systems were not always adequate to ensure decisions made in respect of an applicant's character were recorded and risk assessed. Regulation 19(1)(a)</p>