

## 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

This inspection took place on 20 June 2016. We gave the service 48 hours notice of the inspection because it is a small service and the people who use the service are often out and we needed to be sure they would be in.

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

There was a manager at the service who 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.

There were systems in place to manage risk and keep people safe. Safeguarding matters and medicines were managed in a way that helped to ensure people's safety.

People's care plans showed they had been involved in making decisions about their lifestyle. Staff had contributed to care plans by making sure decisions made were in people's best interests.

People were cared for in a person centred way. Person centred means that care is tailored to meet the needs and aspirations of each individual.

There were sufficient numbers of staff to provide good quality care and support to individuals. People were given one to one support every week which gave them an opportunity to take part in activities and learn new skills which they said were important to them.

Staff had completed training which helped them deliver a good standard of care and support to people.

Staff undertook a thorough recruitment process which included carrying out checks to help to ensure they were suitable to carry out the work they were employed for.

People and their relatives spoke highly of the staff and described them as caring, kind, good and lovely.

Staff helped people make good food choices to promote their health and well being.

Systems were in place to assess and monitor the service in order to continually promote people's well being safety and security.

## 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 was safe.

The provider had systems in place to manage risks, safeguarding and medicines which helped to keep people safe.

There were sufficient numbers of staff available at all times.

Recruitment checks were completed before staff were employed.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to deliver a high standard of care to people.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People received good nutrition and hydration and were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were confident about the care provided.

People told us staff respected their privacy and dignity and confidentiality was maintained.

People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was kept under review and changes were made when necessary to ensure individual needs were met.

People had a very active lifestyle and were supported to achieve their goals and be involved in social activities of their choice.

Staff listened to people's concerns and when necessary investigated and responded to their concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff were fully supportive of the registered manager and the aims and vision of the service.

People with an interest in the service were asked their opinions and where necessary actions were taken to improve the service.

# 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 20 June 2016. The 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 team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information sent to us, for example, notifications from the service.

Prior to the inspection we contacted people who had an interest in the service. We received feedback from an independent living advisor and a social worker employed by Sheffield local authority.

During the inspection we spoke with the registered manager, the four people living in the house, one relative, one friend of the people living in the house and two members of staff. We also 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 who used the service told us, "The staff help us keep our house lovely and clean," "I'm safe here" and "I feel safer here than at the last place."

One relative told us, "My family member had a bad experience where they were before, but now they're safe and happy."

One healthcare professional told us, "I am confident that all service users and staff are happy and safe whilst living or working at GMS Carers."

We found there were systems in place which helped to reduce the risk of harm or potential abuse to people. Staff had been trained in adult safeguarding procedures and were aware of their responsibility in reporting any concerns they had to the relevant people. There were no current or outstanding safeguarding concerns for the service. One staff told us, "We have a copy of the South Yorkshire safeguarding protocols, which we can refer to and there are also the contact details of who to ring if we need any advice or to report any concerns."

We looked at two people's care plans. We saw they each had individualised risk assessments. These gave details about what the risk to the person was and what action should be taken to reduce the likelihood of the risk causing harm to the person. The level of risk for the person both when being supported by staff and not during support was assessed separately. For example, one risk assessment gave details about the way staff must respond to a person who showed inappropriate behaviour when in the company of males. Another showed a person had a noise monitor in their bedroom because they had a health condition which meant staff may need to go into them during the night, but the person had said they did not want to be disturbed unnecessarily during the night. This meant risks were managed in a positive and consistent way. The level of risk was shown as either red, amber or green, which helped staff understand the severity of the risk.

Each person had a Personal Emergency Evacuation Plan (PEEP) in their care plan. This identified what staff needed to do to assist the person to be moved to a safe place, in an emergency situation.

The provider had policies in place regarding whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. One staff said, "We are able to have open and honest discussions with each other and the manager and discuss any concerns we may have so we can resolve them together."

Any accidents or incidents were reported by the staff and monitored by the registered manager. Each week the circumstances of the accident/incident and the level of harm suffered by the person was analysed so that action could be taken to prevent a re-occurrence. For example, one person had been provided with a new mobility aid for use outside the home because staff had raised a concern that the person was getting more unsteady on their feet when walking outside.

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 and four 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.

The provider had a thorough recruitment and selection process which helped to ensure staff employed had the right skills and experience to support people who used the service. Two staff files looked at had appropriate references and Disclosure and Barring Services (DBS) checks, which had been acquired prior to staff being offered a job. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

People who used the service were assisted to take their medicines by the staff. We saw medicines were kept safely locked away. During the inspection we saw staff giving people their medicines, from a disposable pot and being offered a drink. Staff waited until they were sure people had taken their medicine and then they signed the Medication Administration Record (MAR). We looked at the MAR sheets and found they were all signed by staff to confirm medicines had been given. If a medicine wasn't given a code was used to explain the reason for this.

Three of the four staff had been trained in the safe administration of medicines and we saw evidence of this. The one staff member who was not trained in medicine administration confirmed to us they were not allowed to administer medicines to people. Medicines were checked every week by the registered manager. If any issues were found then this was discussed with the staff and included in the discussions at the staff meeting. At staff meetings the registered manager also carried out question and answer sessions about medicine administration so staff were kept up to date with any new legislation or guidelines. The registered manager said she did observe staff competency when they were administering medicines but did not record this. We discussed this with the registered manager who gave assurances that a record of staff competency checks would be undertaken and maintained.

We saw Personal Protective Equipment (PPE) such as gloves, aprons and masks were readily available for staff to use. Staff also told us they had received training in infection control.

All four people who used the service had external appointees that helped them manage their personal finances. The provider held in safe keeping a small amount of cash for people so they had money readily available to make any purchases. We saw money was kept in a safe and only the registered manager had the combination number to unlock. Each person had an accounts sheet showing the date, what was purchased, money in and out and the signature of the staff member who had assisted them with the purchase. We advised that where possible people who used the service were also encouraged to sign the expenditure sheet. We checked the money held for two people and found this corresponded with what was recorded on the expenditure sheet.

# Is the service effective?

## Our findings

People and their relatives were very complementary about the staff. One person told us, "The staff are good. They know what to do." A relative told us, "I couldn't wish for [name] to be looked after by better people. The staff are skilled and know how to deal with and talk to my family member."

We spoke with one staff member about their induction. They told us prior to starting work at the service they attended a two week induction course with Sheffield local authority. This provided them with all the necessary training in mandatory subjects. After the two weeks they started work at the service, working alongside other more experienced staff, so they had time to get to know the people who used the service and what support people needed. The staff member told us they had found this very useful. The registered manager said staff were able to work whilst being 'shadowed' for as long as they needed and until they felt confident enough to work on their own.

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 dealing with challenging behaviour. This helped to ensure people who used the service experienced the best quality of life. One staff member told us, "We do most of our training on-line, but some courses such as medicine management are provided to us in person." Staff who worked at the service had previous experience in care work and in teaching, which meant the staff team had a lot of knowledge to share. Training completed by staff covered the standards expected for the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The providers supervision policy stated that supervision would be provided to staff every three months. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. We looked at two staff files and saw they had been given formal one to one supervision, with the registered manager on average every three months. Minutes from supervisions were taken and agreed with the staff. Staff we spoke with said they found this "beneficial" and "worthwhile." A yearly appraisal was also provided. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw the provider included MCA and DoLS training in its arrangements for staff induction and safeguarding training.

We looked at two people's care files and saw they had information from their representatives to confirm they had capacity to make decisions for themselves, including decisions about their health and welfare and finances. Each person had signed consent forms which showed what people had agreed they would like



some staff support with. For example people had said they wished to be supported with managing their money, planning holidays, keeping their 'blue badge' safe and looking after their keys. Where appropriate family members had also been involved in decision making. Documentation in people's care plans showed decisions had been made in the person's best interests.

People who used the service told us, "The staff make nice food" and "I enjoy my meals." People did most of their food shopping on-line and had it delivered to their home. One person told us they also enjoyed going with the staff to the shops to fetch additional supplies. On the day of the inspection one person went with a member of staff to get hot sandwiches for lunch and lager to drink later in the day when the football was on the television.

We saw throughout the day of the inspection staff encouraging people to make healthy food choices. One person was on a healthy eating plan to try to lose some weight and staff said they had lost a stone over the last year. The person said they "Felt much better for this."

We heard people speaking to staff about what was for tea and saying "It smells good." In order to create a 'homely place' meals were prepared using fresh ingredients. We saw people also treated themselves to 'takeaways' at the weekend. People were encouraged by staff to drink plenty of hot and cold drinks throughout the day. We saw people who used the service and staff taking turns to make tea and coffee for anyone at home.

## Is the service caring?

### Our findings

People told us, "It is good, because they [staff] think a right lot about me. We go out to the shops and that, buy shoes and buy me new jumpers, they look after me," "I'm happy here, everyone is nice" and "Staff help me to get my clothes out and help me in the shower. They're all so good."

One relative said, "The care received is to a very high quality. My family member's needs are met and focus is given to their feelings, I'm very happy. [Name] has been there for a long time and is happy there."

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.

Our observations during the inspection were that staff treated people as equals, were very respectful and showed care and fondness towards the people who used the service. People who used the service and staff were very comfortable in each others company and the ambience in the home was relaxed and friendly.

Staff told us they had received training in privacy, dignity and confidentiality. Staff were very keen to make sure people's privacy was respected. We saw staff knocking on people's doors before entering and taking people to quiet areas to discuss anything of a personal nature. One person told us, "The staff always knock on my door but sometimes the people I live with don't, they just come in and I don't like it." Staff were aware of this person's concern and had helped them make a sign for their door asking people not to go in without knocking. Respecting each others privacy had also been a topic for discussion at the 'tenants meeting.'

There was a stable staff team. The majority of staff had worked at the service for a long time and knew the needs of people well. The continuity of staff had led to people developing meaningful relationships with staff. When staff were leaving the house we heard people asking them several times when they would be coming back and being given reassurance from the staff that they would be back soon.

Each day between 4pm and 5pm there was 'reflection time'. This was when people arrived back at the house and needed some time to talk about their day, what had gone well and what had not gone so well. We observed staff making people a drink, sitting with them in the lounge and discussing their day. We saw this helped to calm and relax people and kept the atmosphere in the house welcoming.

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.

One relative told us there were no restrictions in place when visiting the house. They said they were made to feel welcome by both staff and people living in the house whenever they visited. One person had a boyfriend who visited the house each week. Staff also supported the person to go to their boyfriend's house to visit. The person told us it was very important to them that they saw their boyfriend each week.

People told us how staff had supported them to visit their parents graves and attend funerals when they had lost someone important to them. One person said they had a special place where they went with staff to leave flower's in memory of their mother.

The registered manager said staff had not received training in end of life care. They said they would arrange for this training to be provided so they would be prepared if ever they were called upon to provide end of life care to a person who used the service.

## Is the service responsive?

### Our findings

We looked at two people's care plans. We found prior to their placement in the home a thorough assessment had been completed with their social worker which helped to ensure the placement would be successful.

After admission we saw there was detailed information about each person in their care plan, which helped staff to provide person centred care to people. Individual care plans had been completed to coincide with risk assessments. Care plans ensured staff were aware of and could manage any specific health conditions the person may have, for example, diabetes or epilepsy.

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. For example one person's medicine had been changed and this was reflected in their associated care plan.

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.

The provider had recently introduced Data Processing Forms (DPF) which 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. For example one person had decided they wanted new dentures. The DPF form showed the discussions between the person and staff about what they would need to do for dentures to be provided. A copy of the DPF was given to the person so they could keep referring to it, remember what they had agreed to and consider if they wanted to go ahead. The outcome of this was the person did have new dentures and the DPF showed photographs of the person smiling and looking very pleased with their new teeth.

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 one to one support. Hours varied between 14 and 21 per person each week. 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. One person was very proud that they had learned to tell the time and had bought themselves a new watch. Another person told us they had learned to horse ride which was something they had wanted to do since they were a child.

On the day of the inspection people who used the service and staff had just returned home from a holiday abroad. People were very excited telling us about how great the holiday was and how they had been on an aeroplane and a banana boat. People had also enjoyed swimming in the pool at the villa.

People told us they took part in lots of social activities which included walking, going to the cinema and yoga. They also attended day centre's where they painted and did craft work. One person had always been involved in fund raising for a particular charity. They told us staff had helped them to get a job in a charity shop which they said they were thoroughly enjoying. One person told us, "It's good here. I get to go walking with [staff name] in Rother Valley park and we've been to Twycross zoo. They also take me to see my family."

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 were able to go to the staff and talk to them if they had any worries or concerns. One person said "If I get upset they [staff] tell me to calm down and speak slowly, then they can understand me better. They listen and then give me advice."

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The manager was registered with CQC as manager and provider.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On the PIR a member of staff said, "GMS Carers is by far the best company I have worked for. Company policies and procedures are person centred and ensure that the clients needs are always a priority. The registered manager is a working manager and always gives help and advice when needed, especially assisting me to complete my diploma in health and social care. I do not feel there are any issues that need to be raised and feel that if there ever was I could speak to my manager with ease and confidence."

Our observations and discussions with staff found they were fully supportive of the registered manager and had great respect for her. Staff said they worked as one team and were all committed to ensuring people were provided with person centred care with the focus being on each individual as a person.

Staff told us the service was a great place to work and they got a lot of job satisfaction because they were able to see how people's lives were improved. Staff said the registered manager was open to new ideas and always wanted the best for people who used the service.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies and found they had been updated and reviewed to keep them up to date.

The registered manager had systems in place to audit and monitor all areas of the service. For example care plans, medicines and health and safety. Any issues identified at the audits were raised with the staff either individually or in team meetings.

Staff meeting took place every three months. An agenda was set and minutes taken. Staff meetings also incorporated staff training sessions where staff could talk about any updated information and what was working well.

People who used the service also met with staff every three months 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.

Each year the registered manager sent to people who used the service, their relatives and healthcare

professionals quality assurance surveys which asked their opinions on the quality of the service. We saw some recently returned surveys. Comments included, "It's excellent," "As far as myself and my family are concerned [name] is very happy with GMS Carers and will be for the rest of their life," "The service is excellent. [Name] has quality of life. Staff dedication and commitment is excellent and [name] whole demeanour has improved greatly" and "[Name] is safe, well cared for and now feels good about herself. Thank you. Your professionalism and dedication needs to be recognised."

We saw evidence that the registered manager had listened to what people had said in the surveys and responded where necessary. For example one person said they were not familiar with the complaints procedure so a copy of this had been sent to them. The registered manager said although she reviewed all the information returned this was not collated into a report for people to see. She said she would do this when this years surveys were returned.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.