

G & P Healthcare Limited

# G&P Healthcare Ltd

## Inspection report

20 Iron Gate  
Derby  
Derbyshire  
DE1 3GP

Tel: 07785994234

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

G & P Healthcare Limited provides personal care and treatment for adults and children living in their own homes. On the day of the inspection the registered manager informed us that there were a total of five people receiving care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Staff had awareness of people's health care needs so they were in a position to refer them to health care professionals if needed. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

People and children had received personal care at the assessed and agreed times to promote their health and welfare.

Risk assessments were in place to protect people from risks to their health and welfare.

Relatives we spoke with said they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were supplied safely and on time, to protect people's health needs.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff, in the main, understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

Relatives we spoke with told us that staff were friendly, kind, positive and caring.

Relatives, and people using the service where as much as possible, had been involved in making decisions about how and what personal care was to be provided.

Care plans were individual to the people using the service to ensure that their individual needs were met, though they lacked some personal information about lifestyles to fully ensure that an fully individual service could be provided.

Relatives told us they would tell staff or management if they had any concerns and they were confident these would be properly followed up.

People and their relatives were satisfied with how the service was run and staff felt they were fully supported in their work by the registered manager.

Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though robust systems were not fully in place.

## 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.

People received care at agreed times to promote their health. Relatives thought that staff provided safe care and that people felt safe with staff from the agency. Risk assessments to protect people's health and welfare. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had been supplied as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's needs. People's consent to care and treatment was, in the main, sought in line with legislation and guidance though this needed to be the case at all times. People's nutritional and health needs were met.

### Is the service caring?

Good ●

The service was caring.

Relatives said staff were friendly and caring and respected their family members rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on people's preferences and lifestyles was limited. People and their relatives were confident that any concerns they identified would be properly followed up by the provider. Staff had contacted other relevant services when people needed additional support.

### Is the service well-led?

Good ●

The service was well led.

Relatives told us that the registered manager listened and acted on their comments and concerns. They thought the service was well organised and well led. Staff told us the registered manager provided good support to them. Staff said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had been audited in order to measure whether a quality service had been provided, though these needed to be strengthened to ensure all relevant issues had been identified.

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# G&P Healthcare Ltd

## 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 30 August 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal and healthcare to people using the service.

During the inspection we were not able to speak with any people who use the service due to communication difficulties, so we spoke with their relatives instead. We also spoke with three relatives, the registered manager, a company director and three care workers.

We looked in detail at the care and support provided to two people and two children who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

# Is the service safe?

## Our findings

All the relatives we spoke with thought that care had been delivered safely. They were unanimous that their family members were safe with staff.

A relative told us, "There is no question that they keep my [family member]wife safe." Another relative said, "Safety is paramount for staff."

We saw that people's care and support had been, in the main, planned and delivered in a way that ensured their safety and welfare. Care records contained risk assessments to reduce or eliminate the risk of any issues affecting the people's safety. For example, one risk assessment for preventing pressure sores stated that the person had a pressure sore and that the dressing was changed by district nurses. Daily records we looked at recorded that the person had received cream to protect them from the risk of developing a pressure sore. Another person's care plan stated that staff needed to check a person's skin for signs of infection and to regularly clean an area that was at risk of infection. This information assisted staff to safely protect the person's skin.

We saw a risk assessment whereby the person was assessed as needing a soft diet to protect them from choking and that staff needed to observe the person eating to ensure they did not choke. The person's relative confirmed this had been followed.

With regards to preventing falls, a person was assessed as at risk of falling from the bed on occasions. However, there was no information as to what staff could do to prevent this happening or prevent it resulting in injury if it did happen. The registered manager swiftly supplied us with a risk assessment covering this issue.

There was information in place for staff to ensure that equipment was safe to use. For example, instructions on how to assist people with transferring detailed what particular type of straps staff needed to use on were needed to hoists slings to ensure people were that the person was protected from injury when transferred safely.

Staff were aware of how to check to ensure people's safety. For example, to check people's skin for signs of pressure sores and checking that people were safely positioned when they used equipment. Also to ensure that people or children were in a safe position when they were eating to reduce the risk of choking.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any loose rugs that people could trip on, to checking that heating systems were working effectively, and ensuring that plug sockets were not overloaded. Health and safety issues were also highlighted in the employee handbook. This information helped assisted staff to ensure that people's home environments facilities in people's homes were safe.

We saw that safe staff recruitment practices were in place. Staff records showed that before new members of

staff were allowed to start work, checks had, in the main, been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, on one staff record we saw, references were in place but none of these were from the staff member's last employer. The registered manager said they had attempted to obtain this it had been attempted but there had been no reply. This issue would be monitored in future to ensure any relevant information relating to this issue was recorded. In the main, this showed us there was a system in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service, but this needed to be strengthened.

Relatives we spoke with said they were satisfied with the timeliness of calls. A relative told us, "There has never been any problem with staff not turning up on time." Another relative told us, "Staff are never late." We found that sufficient numbers of staff had been available to meet people's needs, as relatives told us that there had been no missed calls and they were always on time.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. The whistleblowing policy contained in the staff handbook directed staff to a relevant national organisation who they could contact if they did not have confidence that the management of the service would properly deal with their concerns. There was also information available regarding a national whistleblowing hotline to assist staff to provide information to relevant agencies so that people's welfare was protected. This gave staff information as to how to action issues of concern to protect the safety of people using the service.

Policies stated set out that when a safeguarding incident occurred management needed to take appropriate and action by referring it to the relevant safeguarding agency. There had been one suspected incident. This had been reported to the safeguarding team and quickly investigated. This was an example of action being taken to protect people using the service from harm.

Relatives told us that staff had reminded people to take their medicines and there had been no issues raised about their family members not receiving their medicines. A relative told us, "There are no problems with medication."

Information regarding how to supply medicines using specialist by assessed equipment needed was contained in people's care plans, which promoted their health. There was also information in place as to where to apply lotions to people's skin.

We saw evidence in medicine records that people had largely received their medicines as prescribed and on time, although there were a small number of gaps in administration records which had not been explained in the medicine records. The registered manager said this would be followed up.

Staff had been trained to support people to have their medicines, and to administer medicines safely. They had undergone a competency test to check that they understood how to assist people to have their medicines. There was also a medicine administration policy in place for staff to refer to which assisted them to safely provide medicines to people.



# Is the service effective?

## Our findings

Relatives we spoke with said that the care and support they received from staff effectively met their needs. They thought that staff had been properly trained to meet their family members' care needs.

One relative told us, "Staff know what to do. They have been well trained." Another relative said, "Staff seem to be very well skilled and able."

Staff told us that they thought they had received appropriate training to meet people's needs. A staff member said, "I had lots of training when I started. The manager always talks to you about what training you need and will organise more if asked."

The staff training matrix showed that staff had training in essential issues such as using specialist medical equipment, protecting people from abuse, and supplying personalised centred care. There was evidence that the registered manager supplied staff with information about people's health conditions. For example, we saw information about a particular medical condition that one person was diagnosed with. Staff told us about information available to them relating to acquired brain injury. This assisted staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced.

We saw evidence that new staff were expected to complete detailed induction training. This training included relevant issues such as supplying medicines, protecting people from abuse and ensuring privacy and dignity for people. There was also evidence in the minutes of staff meetings and other records that staff training issues were discussed and action taken to organise more training as needed.

We saw that new staff undertook an induction when they had started work with the agency. The staff we spoke with said induction training was very comprehensive and had given them confidence and provided them with relevant skills. This meant that new staff were supported to be in a position to provide effective care to meet people's needs.

New staff had visits from the registered manager to check that they were aware of their responsibilities to promote the wellbeing of people who used the service. Relatives confirmed that the registered manager frequently visited to ensure that the care provided was of a good standard. This indicated there was a system in place to ensure staff could effectively meet people's needs.

Staff felt communication and support amongst the staff team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing. Staff also told us they felt supported through regular staff meetings and supervision meetings with the care manager. Staff supervision was used to advance staffs' knowledge, training and development.

Staff we talked with said they had spot checks from the registered manager to check they were supplying care properly. We saw evidence of these checks. This provided people and their relatives with assurance of receiving effective personal care.

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.

There were no formal procedures in place to assess people's mental capacity, although the code of conduct for health care support workers stated that staff should always obtain valid consent before providing care. The registered manager said that they would set up a system to assess people's capacity and a process to take decisions in people's best interests if this was indicated. There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. This was also confirmed by relatives we spoke with. Staff had received training about the operation of the law in their induction. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

However, in a person's daily records, it stated that the person had been directed to go to bed by a relative, and the relative had received assistance from a member of staff, though there was no evidence that the person had consented to this. This meant the person's choice was not taken into account in this process. The registered manager said issue this would be reviewed to ensure people's choice was respected.

Relatives were satisfied with the support staff provided with meal preparation, provision and choice offered to their family members. Relatives told us, "The food supplied is perfectly ok." And, "There is no problem with the food offered." Relatives told us that their family members food choices were respected and staff knew what people liked to eat and drink. We saw evidence that, if a person was at risk of dehydration, fluid charts were put into place to monitor that the person was receiving adequate fluids from staff.

We saw evidence that staff contacted medical services if people needed any support or treatment. For example, a staff member told us that they had contacted the district nurse to come out and attend to a blocked catheter. Another staff member said that they had contacted the GP and district nurse about a recurring infection. This meant people were made comfortable because of the effective care that they had received.

These were examples of staff acting to provide effective care to meet people's needs.

## Is the service caring?

### Our findings

All relatives we spoke with thought that staff were kind, caring and gentle in their approach. They said that staff always gave their family members time to do things and did not rush them. A relative said, "They are the best staff. They could not be better." Another relative told us, "Absolutely no concerns. Staff are really good."

The provider's statement of purpose set out that each person needed to be fully involved, understood and be in agreement with all care decisions. Relatives considered that care staff were good listeners and followed their family members preferences as much as possible. They told us their family members care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments. They were able to check that the care plans were meeting care needs.

Relatives told us that their family members dignity and privacy had been maintained and staff gave them choices. For example, staff using preferred names and, gave people a choice of food and drinks and the clothes they wanted to wear. Care plans set out that staff needed to respect people's privacy. Relatives told us that there had been a choice of having either male or female staff to meet their family members personal care needs.

Staff were able to give us examples of promoting people's privacy such as leaving people when they were using the toilet and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. For example, they said they always knocked on doors. One staff member told us, "We are aware that this is their house and we respect that." This was confirmed by all relatives we spoke with.

We saw that information from the agency service emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural preferences. The staff handbook also emphasised that people's rights needed to be respected. This helped to ensure that staff had a caring and compassionate approach to people. The staff we spoke with were aware of people's choices. For example, a staff member knew what the person they supported favourite television programmes were.

The care plans we looked at stated that staff needed to encourage people's independence. Relatives stressed that being independent was very important to their family members. The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans. Relatives gave us examples of staff encouraging this such as helping a person to brush their teeth and helping a person to hold their cup when they were drinking.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included whether people had any particular religious or cultural needs so that staff were aware of these and could be respectful of were religious to provide information to staff on respecting people's beliefs.

## Is the service responsive?

### Our findings

Relatives told us that staff responded to their family members needs. They said that staff always took the time to check whether there was anything else they needed before leaving. They also said that staff would do anything asked of them. A relative said, "Staff will always check if everything is ok and if anything else needs doing."

Another relative told us, "If things change, staff will always adapt to what is needed."

Relatives said if they had any concerns regarding staff cover and compatibility of staff with people, these had been quickly resolved. We saw evidence that the registered manager had acted swiftly and appropriately when a relative expressed concern regarding the performance of a staff member.

Relatives we spoke with described the assessment and review process as "done at length" and "all the issues were gone into in depth". Relatives told us that their family members care needs had been reviewed. One relative told us, "If the plan needs to be altered, then the manager will always discuss this so that we agree this."

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed such as information relating to their mobility and communication needs. There was some information as to people's personal histories and preferences though this was limited as, for example, it did not have detailed information as to people's lifestyles and their likes and dislikes. One assessment of a person noted that the person liked to chat, but there was no information to assist staff on what the person liked to talk about. The registered manager said this would be followed up. This would help staff to ensure that people's individual needs and preferences were fully responded to.

We saw that an assessment of a person's moving and handling had identified that equipment was needed to help the person and how many staff were needed to ensure this was carried out. The relative we spoke with confirmed that staff carried out this procedure properly.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that staff could respond to these changes. Staff told us they informed the registered manager of any changes that needed to be made to respond to people's needs, and said they were also kept informed by the registered manager of changes.

From our discussions with relatives it was clear that G & P Healthcare made sure there was continuity of care staff so that people had the same staff providing care. This was important for their family members as they said it relatives and made them feel comfortable and relaxed. One relative told us, "There is a team of carers and we know everybody in the team, which is good as he [the person using the service] knows them and they know him. It stops him getting worried." This told us that the service responded to people's needs and wishes.

We found that relatives were aware of how to make complaints. They told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so.

People told us that the registered manager responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. Relatives told us they had information about how to complain in the information folder left with them by G & P Homecare. They were confident about making a complaint should the need arise. A relative told us, "I didn't have a complaint but there was something that was bothering me so I rang the [(registered manager)]. It was quickly sorted out." Another relative said they had raised an issue about staff performance. They said it had not been a complaint but it had been properly responded to by the registered manager, who assured them that the issue would be taken seriously. Solutions were then provided to deal with the issue.

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with. One staff member said that a relative had an issue with a staff member and this had been quickly dealt with by the registered manager.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. However, it also stated that the complainant could contact CQC to investigate the matter and did not provide information about referring them to the complaints authority. This did not provide correct information as CQC does not have the legal power to investigate complaints. The provider stated this procedure would be reviewed accordingly.

We looked at the complaints file. No complaints had been made. The complaints procedure emphasised that complaints would be investigated and action taken as needed, with a response to complainants setting out the results of the investigation. This provided assurance to complainants that they would receive a comprehensive service responding to their concerns.

Relatives told us of other agencies involved in their relative's care including the occupational therapy service, GPs, and community nurses. Staff told us that they had contacted other services when needed. For example, staff found that a person's shower chair was faulty and contacted the specialist company to have this looked into. This showed that the person's needs had been responded to.

We looked at the incident folder. There was evidence that any issues had been appropriately responded to by the registered manager.

## Is the service well-led?

### Our findings

When asked if they would recommend G and P Healthcare, the relatives we spoke with all said they would; "Yes, definitely. Any queries are sorted quickly." And, "I can't fault it. There have been no problems."

The relatives we spoke with were all familiar with the registered manager and knew them by their first name. They told us that they carried out initial assessments of the personal care needed, paid regular visits to observe the care staff at work and undertook regular reviews of their care. Relatives were happy that the packages of care they had met their relatives needs and appreciated the regular contact from the registered manager to ensure that all was well.

Relatives told us that G and P Healthcare had a stable staff group. People said they had the same staff and that this was important to them. A relative said that when a member of staff was off work, the registered manager introduced a replacement staff member to meet their relative and make sure they were properly introduced. This indicates that the culture of the organisation is mindful and respectful of people's needs and recognises how potentially disruptive a change of staff could be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse. There was evidence that the registered manager had worked with the safeguarding team to ensure a person using the service was protected from abuse.

Staff were provided with information as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people and children, and to always meet their individual needs. We saw that the provider had signed up to national codes of conduct for staff promoting people's rights.

All the staff we spoke with told us that they were well supported by the registered manager. They said that the registered manager were always available if they had any queries or concerns. One staff member said, "I know that (registered manager's name) is always available if I have any queries." Another staff member said, "It is easy to speak with (the registered manager). She will always help you. I struggled to provide care to one person. I got good support from the manager who helped me work through this."

We saw that staff had been supported in providing care by having meetings discussing the care of individual people. This covered relevant issues such as any changes to the care supplied and any other training that staff needed. One staff member said it would be useful to have more frequent meetings to discuss what methods worked to help people learn new skills and become more independent. This would provide staff with more support to carry out their tasks of supplying quality personal care to people.

Staff told us that compliments were also given to staff from the management of the service regarding the care that staff supplied to people, which recognised their contributions in providing a personalised and

caring service. We saw evidence in the provider newsletter that staff were encouraged to give their best by way of having an employee of the month scheme. All staff had also been thanked for their work. This helped to produce teamwork and maintain staff morale.

Staff said that essential information about people's needs had always been communicated to them, so that they could supply appropriate personal care to people. This meant staff were in position to meet people's changing personal care needs.

We saw that staff had received further support through supervision, and there was supervision contract in place to ensure staff understood their responsibilities to attend supervision sessions. These sessions covered relevant issues such as training, changes in people's needs, and discussing any problems in providing the service. If any issues were identified, they were taken forward through an action plan.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether people's care needs were being met and whether they needed any more assistance with regard to meeting their health needs. Relatives told us they were contacted periodically by telephone to check that they were satisfied that the service met their relative's needs.

Staff told us they had had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. Care plans were reviewed to ensure they were still relevant to people's needs. Relatives told us that staff always arrived on time and stayed for the full contracted time of the call.

Relatives we spoke with told us they received a survey asking them what they thought of the care and other support they received from the agency. We saw evidence of a survey carried out in 2016 which asked relatives about the running of the service through a satisfaction survey. There were positive comments about the standard of service that people received. No issues were identified as needing to be addressed.

We saw quality assurance checks in place. There were audits in place for relevant issues such as medicines management, and ensuring comprehensive care plans were in place.

All the relatives spoken with told us that they had care plans kept in their homes so that they could refer to them when they wanted. They confirmed that staff updated records every time they visited. We saw that a proportion people's daily records had been audited to check that the care supplied to people was meeting their assessed care needs. However, this had not identified the issue of the staff member assisting a relative in providing care not agreed by the person. The registered manager stated that the system of auditing would be reviewed to ensure relevant issues were picked up and acted on. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines.

This auditing process assisted in developing the quality of the service to meet people's needs.