

GS Social Care Solutions Ltd

# G S Social Care Solutions Ltd

## 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

GS Social Care Solutions Ltd is a domiciliary care service, providing personal care and support to adults and children living in her own homes. The range of people's needs included, learning disabilities, autism, physical disabilities and older people living with a dementia. At the time of the inspection 86 people were using the service, with 50 people receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. However, where they do offer other services, we also consider any wider social care provided.

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

People and their relatives told us they felt safe with the service. Staff had received training on safeguarding children and adults at risk. Staff were aware of the signs and indicators of abuse, they knew what to do if they had any concerns. Recruitment practices made sure checks were carried out before staff started work. There were enough suitable staff available to provide safe care and support; staffing arrangements were kept under review. Staff followed processes to manage people's medicines safely. Health and safety was monitored and risks to people's individual well-being were being assessed and managed.

Processes were in place to find out about people's backgrounds, their needs, abilities and choices before they used the service. 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 ensured staff had access to ongoing training, development and supervision. Staff encouraged people to lead healthy lifestyles. They were supported as appropriate with their healthcare needs and medical appointments. People were given support as necessary with meals and drinks, healthy eating was monitored and promoted.

People made positive comments about the staff and managers. One person told us, "I'm happy with everyone from GS Social Solutions." Staff knew people well and were respectful of their choices and lifestyles. People's privacy and dignity was respected. People were enabled to be independent and develop their life skills.

People received personalised care and support. They were supported as appropriate, to engage in community-based activities, learn skills and achieve goals. People had contact with families, friends and acquaintances. The provider had processes in place to support people with making complaints.

Management and leadership arrangements supported the effective day to day running of the service. People were treated as partners in managing their individual support. One relative said, "They are a good service and the quality of care is excellent." The provider used a range of systems, to regularly monitor and improve the service. There were processes to consult with people about their experiences of the service and make any improvements.

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 good (published 6 January 2017). Since this rating was awarded, the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# G S Social Care Solutions 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority commissioners of service and safeguarding teams. 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 this information to plan our inspection.

During the inspection-

We talked with people who used the service about their experience of the care and support provided. This included one person at the agency office and four people and three relatives by telephone. We spoke with four support workers, one care coordinator, a senior care coordinator, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a variety of service records. This included three people's care records, two staff files in relation to recruitment and staff supervision records. We also looked at a variety of records relating to the management of the service, including complaints records, meeting records and quality monitoring checks. Policies and procedures were reviewed. We looked around the facilities provided at the agency office.

After the inspection

We received further information from the registered manager and provider to support the evidence we found.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse, neglect and discrimination. People described how staff supported them safely. People told us "We absolutely feel safe with them. They make sure [my relative] is safe," "[My relative] is confident and happy with the staff and "They have never shouted at me or bossed me about."
- The registered manager and staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice. Staff had access to training on safeguarding and protection and positively supporting people's behaviours.
- The provider had policies and procedures to safeguard children and adults at risk. Processes ensured safeguarding incidents were reported and managed in line with the local authority's protocols.

Assessing risk, safety monitoring and management

- The provider had systems to help protect people from avoidable harm. Senior staff completed assessments to identify and manage individual risks to people's wellbeing. Staff were aware of the risk assessments. They described how they followed protocols to keep people safe. Staff had first aid kits and were aware of emergency procedures.
- Staff supported people as appropriate, in maintaining a safe and secure environment. Initial and ongoing health and safety checks were completed and staff monitored the servicing of any equipment they used.

Staffing and recruitment

- The provider followed thorough recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed. Probationary periods and disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- The provider ensured sufficient numbers of staff were available to safely support people and meet their needs. People said, "They always arrive on time and they have never missed a visit," "It's slick and really well organised" and "They are flexible with us, they accommodate our needs."
- Care coordinators described the processes for deploying staff in response to people's commissioned needs. Systems showed how staff rotas were arranged and kept under review. Staff confirmed there were enough of them to provide consistent, timely support and they had sufficient travel time between calls. The provider's 'lone worker' policy offered safeguards for staff and on-call arrangements ensured constant management support.

Using medicines safely

- Staff supported people as required, with the proper and safe use of medicines. People's prescribed medicines were recorded. Their involvement and support needs were considered and planned for. Staff

providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff.

- Staff recorded in medicines administration charts as necessary. Care coordinators regularly checked and audited medicine management records and practices.

#### Preventing and controlling infection

- Staff supported people as required, with the prevention and control of infection. They had received training on infection prevention and food hygiene. Staff confirmed they had access to personal protective equipment, including hand gels, aprons and gloves.

#### Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents.

# 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 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

- The provider had processes to assess people's needs, choices and goals with their involvement. The register manager and care coordinators described how people's needs were initially assessed. This involved meeting the person to gather information from them. Information was also obtained from other agencies, including schools and health and social care services.
- People and their relatives explained how they had been involved with the assessments. Their comments included, "They came to do an assessment and explained what they would do" and "They did an assessment and wrote things down they were really thorough." Care records included the service's initial assessments.

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.

- The service was working within the principles of the MCA. We were advised the adults who used the service had capacity to make their own choices and decisions. Staff understood the importance of gaining consent and promoting people's rights and choices. One staff member said, "We always ask people and give them options. We also consult with families for people who are unable to easily make choices."
- The provider used the care planning process to screen people's capacity and monitor changes in support needs and decision making. People had signed to show agreement with their support plans and they had consented to care.

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

- Managers and staff liaised with healthcare professionals as necessary, to respond to people's needs. Care records contained information about people's medical history, health needs and contact details of healthcare professionals.
- People told us they were satisfied with support they received with health-care. Their comments included, "If I was not well they would support me," "They are aware of [my relatives] condition and allergy" and "They support me with GP appointments, dentist and hospital appointments."
- Staff shared appropriate information with healthcare professionals, when people moved between and accessed other services. People had 'care passports' outlining their needs, preferences and relevant contact details. This helped to make sure people's needs were known, so care was provided consistently.

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

- Staff supported people to eat and drink in response to their assessed needs. They were aware of encouraging choices, healthy eating and promoting good hydration. One person said, "I get my dinner, tea and breakfast made. They ask me what I want. They have always done a good job."
- The provider ensured dietary requirements were known, including any health needs, cultural or religious preferences. Specialised training was provided for staff on assisting people with specific needs. Where necessary, people's food and fluid intake was monitored more closely.

Staff support: induction, training, skills and experience

- The provider had arrangements for staff to develop their skills and knowledge, to deliver effective care and support. New staff completed an initial induction training programme prior to providing care and support. The location office included facilities and equipment to deliver training. One member of staff said, "The training prior to starting was very thorough and intense. There was an online test to check my understanding."
- Staff accessed ongoing training and development, to help ensure they understood people's needs and were able to provide effective support. They had, or were enabled to achieve, nationally recognised qualifications in health and social care. All staff had regular supervision meetings and an annual appraisal. People told us, "They seem to be really well trained" and "They are knowledgeable and most professional."

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, compassion and kindness. Respecting people's human rights, equality and diversity was reflected in the care planning process. People told us they liked how staff provided their care and support. They said, "My support worker is treating me alright," "They are friendly I'm happy with the care" and "They treat me great!"
- Managers and staff knew people well, they were aware of their individual needs and preferences. Care records contained 'all about me' profiles. Included were matters important to the person, their likes, dislikes and how they wanted staff to support them. One relative commented, "They know [my family member's] needs, likes and dislikes very well."
- The provider had appointed a cultural mentor, to offer advice and guidance to people and support workers around anything relevant to race, religion and belief.

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

- People were routinely involved with planning their care and support. They were consulted on daily living choices and their future aspirations. People told us, "I am always involved with things," "They do whatever I want," "I can even choose where I have my reviews" and "It's all written down."
- Staff had time to listen and talk with people. Rotas had been devised to ensure people had their contracted support, including any one to one time. Staff said they didn't feel rushed with their allocated work schedules.
- The provider's information pack advised people of what they could expect from the service. Included were relevant contact numbers and useful information to help promote their rights and choices. There were details of other organisations offering support, such as advocacy services. Advocates can speak up for people and assist with making decisions. One person explained, "We definitely have all the information needed."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, their privacy and dignity upheld. Staff enabled and supported people's independence. Care records reflected people's rights to independence and autonomy. Specific planning helped people to develop skills and gain confidence to achieve their goals. One person said, "They have encouraged me to be independent, I get less support now."
- The provider aimed to ensure people were introduced to support staff before their care package started. Staff explained how they protected people's privacy and dignity, by respecting them and their homes. People commented, "They are respectful and friendly" and "They understand when [name] needs time to

themselves and their own space." Staff understood the importance of ensuring confidentiality of information. People's personal information and staff records were stored securely. They were only accessible to authorised staff.

# 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

- People received personalised care and support that was responsive to their needs and preferences. They told us, "The care [my relative] receives is really good," "They do what we want and what we need," "They respond to [name] very positively" and "I always get looked after well."
- Each person had a care plan which was designed to meet their needs. People had been actively involved about the content of their care plans and ongoing reviews. One person said, "They have been through the support plan with me and its kept under review." The provider used technology to effectively plan and respond to people's needs. There were on-line and telephone communications systems to share relevant information.
- The provider deployed staff in small teams to promote continuity of care. This aimed to match people with staff who shared their interests and had experience of responding to similar needs. Staff shared a one-page profile about themselves, with people before they met. People told us, "I always know who is coming," "It's always the same people" and "There are four staff at the most, they do their best to keep it consistent."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people as appropriate, with activities and community engagement. People described the activities they enjoyed and the places they had been. Staff sought and recorded people's, skills, interests and hobbies. They worked with them to help identify their development needs and aspirations. They planned and supported activities to help people achieve their goals.
- Staff encouraged and supported positive relationships. People described how they kept in contact with their families and friends. They had opportunity to maintain and develop links with people in the community. The provider had recently reviewed and updated their policies, to provide better guidance on supporting people to form personal relationships and express their sexuality.

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.

- The service understood and had responded to the AIS. People's sensory and communication needs were considered in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences. One relative said, "They interact well with [name], they use simple signs and photographs for non-verbal prompts." Care plan records were written in a

plain way with symbols, to make them more accessible to people. Another relative commented, "It helps him to understand it, they showed him every page."

#### Improving care quality in response to complaints or concerns

- Managers and staff listened to and acted upon, people's concerns and complaints. People were aware of the complaints process and expressed confidence in raising any concerns. Their comments included, "I would ring [care coordinator] if we were not happy," "I have no complaints. But, if I did I would ring them, I feel the relationship is really good," and "If I had any problems, I would contact the service or visit the office."
- The provider's complaints policy supported the management of complaints. Included was clear guidance on supporting people to raise any concerns. The procedure lacked some details of outside agencies who could respond to complaints, however, the registered manager updated it. Processes were in place to ensure an accountable monitoring of complaints, including outcomes and any actions for improvement.

#### End of life care and support

- The provider had processes in place to support people as needed, with their end of life care. A comprehensive care planning document was available, to ensure any advanced decisions were sensitively obtained, agreed and recorded, to ensure care was delivered in line with the person's wishes. The service worked with other agencies as appropriate, when responding to people's specific end of life needs. Some staff had completed training in end of life care.

# 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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

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

- Management arrangements provided effective leadership and direction. GS Social Care Ltd had a friendly, supportive and inclusive ethos. People were treated as partners in managing their individual support. People told us, "It's really good I can't be more positive" "I think its well run" and "GS are doing a great a job, I would give them 300%!"
- The provider had process in place to promote effective communication. People told us, "I keep in regular contact with the office staff. Information is shared both ways" and "Communication is really good, I can e-mail or text. They let us know about any changes" and "We get a regular news letter to keep us informed." One staff member said, "We get texts to see how we are and make sure we are okay to do our jobs."

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 and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. They were proactive in their response to the inspection process. They described how they aimed to analyse and learn from any untoward events, acknowledge mistakes and make improvements.

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

- The managers and staff expressed a practical understanding of their role to provide person-centred support, in accordance with the provider's expectations and the law. The service's care and support philosophy was reflected within written material and 'mission and values' statements. The staff handbook, job descriptions and contracts of employment outlined management and staff responsibilities and duty of care.
- The provider had processes to inspire a person-centred approach. Policies, ongoing training and professional links, provided managers and staff with up-to-date learning, guidance and direction. One staff member commented, "There's a clear vision and passion in the leadership. Management are brilliant, very supportive, approachable and thorough."

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

- People were consulted on their experiences of the service and could influence improvements. The

provider's website offered people the opportunity to provide feed-back at any time.

The registered manager had carried out consultation survey with people, staff and other stakeholders. The results had been collated and shared, responses were acted upon and used to influence forward planning.

- The registered manager held regular staff meetings. Staff said they could voice their opinions and make suggestions for improvement. They described the managers as supportive and approachable. One staff member explained, "They do look after the staff and our opinions are valued."
- The provider had staff incentive schemes to reward positive conduct, including employee of the month and long service recognition awards. There were designated staff champions, with responsibilities for key work practice topics, such as dignity in care, positive behaviour and person-centred care.

#### Continuous learning and improving care

- The provider had processes to achieve compliance with the regulations. Managers and staff used various checking systems to regularly audit processes and practices, including spot checks on staff conduct, monitoring accidents and incidents, staff training, support plans and medicine management. Any shortfalls were identified and managed, to achieve timely improvements.
- The nominated individual worked regularly at the service and had ongoing involvement and oversight. We discussed ways of introducing a more structured and accountable monitoring process, to clearly demonstrate their oversight. An overall business development plan supported the direction and management of the service.

#### Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of organisations to ensure people received the support they needed. These included, schools, social workers, support groups, charities, leisure services and community nurses.
- The provider and registered manager were actively involved with local and national care management associations and networks. This meant they could keep up to date with and share, best practice initiatives.