

GPM Care Services Limited

GPM Care Services

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

About the service

GPM Care Services is a domiciliary care agency providing care and support to people living in their own homes. This includes support with personal care tasks, mobility, nutrition and other activities. The service also provides 'live-in' support for people who require a 24-hour service.

Not everyone who used the service received personal care. CQC only inspects where people receive support with personal care tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 24 people were receiving support with personal care.

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

People received a reliable service from staff who were kind and caring. People and their relatives told us they felt safe and trusted the staff providing care and support.

Care plans were person-centred and comprehensive. People's care needs were reviewed on a regular basis and care plans updated to reflect any changes to the support people required.

Staff were trained and supported in their role and had a good understanding of the needs and preferences of the people they were supporting.

Risks to people's health, safety and well-being were assessed and planned for and people's complex care needs were appropriately met.

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's policies and procedures promoted people's rights to dignity, independence and privacy.

Staff supported people to take their medicines safely where this formed part of an agreed package of care.

The provider met people's nutritional needs. Staff completed training in food hygiene and supported people to eat and drink according to their needs and preferences.

The service worked in partnership with other professionals to optimise people's health and well-being.

The provider had appropriate safeguarding, whistleblowing and complaints procedures in place. People and their relatives told us they would feel comfortable raising a concern or making a complaint.

Safe recruitment processes were being followed to ensure staff were suitable for their roles.

The provider had quality assurance systems in place to identify shortfalls and where needed, improve the quality of the service delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good (report published 16 May 2017).

Why we inspected

This inspection was part of a scheduled plan based on our last rating of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

GPM Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector. Following the inspection, an Expert by Experience contacted people using the service for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

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

The first day of our inspection was unannounced. Inspection activity started on 31 October 2019 and ended on 7 November 2019. We visited the office location on 31 October and 4 November 2019.

What we did before the inspection

We looked at information we hold about the service such as notifications of events and registration information. We used the information the provider sent us in the provider information return (PIR). 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. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager for the service, the nominated individual, two care co-ordinators, an HR representative and a care worker. We reviewed a range of records. This included five people's care

records and related documentation. We looked at records for five members of staff in relation to recruitment, training, supervision and appraisal. We reviewed policies and procedures and other records relating to the management of the service.

After the inspection

An Expert by Experience spoke with two people using the service, six relatives and two representatives supporting people with their care. We received further information from the provider which we used to corroborate our findings. We reviewed a report of a service visit carried out by a local authority quality assurance officer in May 2019.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider was following safe recruitment practices. Staff records contained relevant documentation to demonstrate appropriate checks had been undertaken prior to new staff members commencing employment. The provider requested employment histories and suitable references from past employers. Staff were required to undergo criminal record checks and provide proof of identity and where applicable, right to work documentation.
- There were enough staff to provide a safe and consistent service. People were supported by a consistent team of staff who arrived on time. People's comments included, "[GPM] have been fantastic", "I have three different ladies - all lovely" and "[Staff] are always on time",

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed prior to them receiving care and support. A range of risk assessments addressing people's general health and well-being were being completed and reviewed on a regular basis.
- Staff understood people's needs well and how to manage known risks, including those associated with the home environment and any specialist equipment in use. A relative told us, "[My family member] has a lot of new equipment - all the carers are experienced in using most things - one piece recently was new, and they sent most of the carers in to be shown how to use it properly."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and spoke positively about the staff supporting them with their care. A relative told us, "I have found [staff] to be excellent - their record keeping is excellent as well as their safeguarding procedures. I am very pleased - it is working extremely well."
- Staff completed safeguarding training and had access to information and guidance about safeguarding procedures. Staff were able to provide examples of the types of abuse that people may be at risk of and were aware of their responsibility to report any identified concerns to their managers and other appropriate agencies.
- The provider had systems in place to record and investigate accidents and incidents. The management team shared information from these events with the wider staff team to promote learning and improve the quality and safety of the service provided.

Using medicines safely; Preventing and controlling infection

- Procedures were in place to ensure the safe management and administration of medicines.

- Staff prompted people to take their medicines where this formed part of an agreed package of care. Staff recorded this task appropriately using medicines administration records (MAR).
- MARs we reviewed demonstrated that people were receiving their medicines as prescribed.
- People who used the service were protected from the risk and spread of infection. Staff received training on infection control and had access to protective personal equipment such as disposable gloves and aprons.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. The registered manager and her team designed and produced support plans based on initial assessment information gathered directly from people requiring support and where appropriate, their relatives and representatives.
- Care and support plans were comprehensive, person-centred and provided staff with a good level of detail about people's healthcare needs, past and present personal circumstances and social networks, likes, dislikes and preferences, and other information that supported effective care provision.
- A representative told us, "They profile match the carers with the clients - they are responsive and reactive." A relative told us, "A lot of preparatory work was put in place with talks between me and management."

Staff support: induction, training, skills and experience

- People and relatives told us they thought staff had the skills and experience to do their jobs well. Comments included, "The carers are well trained", "They ensure they send experienced carers and when we have new equipment they ensure full training is given" and "They do what they say they are going to do."
- New staff completed an induction and where required spent time shadowing other staff members before going on to support people on their own. New starters were contacted on a frequent basis and provided with ongoing support via spot checks and feed back sessions.
- Staff records contained up to date copies of certificates in a range of subjects based on the Care Certificate. The Care Certificate is a set of standards that care and support staff adhere to in their daily working life.
- Staff told us and records confirmed that they received support via the provider's supervision and appraisals systems.

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

- People were supported with meals, snacks and drinks where this formed part of an agreed package of care. Staff recorded the meals prepared and drinks provided in people's daily logs.
- One person told us, "[Staff] make sure I decide what to eat", "[Staff] help me shop - take me there and explain what is in the shop as my sight is not so good - they give me confidence." A relative told us, "[My family member] knows what [they] like - [staff] listen to him - they are encouraging without being pushy."

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

- Care records included key contact details for family members, people's GPs and other relevant health and social care professionals, agencies and services. A relative commented, "I have a good relationship with the manager and they have been very good in monitoring the care my [family member] now needs. We have found them to be flexible, reliable and genuinely concerned about the welfare of my [family members]".
- The provider worked collaboratively with health and social care professionals and other healthcare providers to ensure people using the service received effective care and support that continually met their needs.
- Staff were able to explain what they would do in emergency situations such as contacting and reporting concerns to the registered manager, family members and health and social care professionals.

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.

- Where possible, people who were directly involved in the development of their care plan, had signed to show their agreement and consent to the provision of care and support.
- The manager understood her responsibilities in ensuring people were assessed should a person lack capacity or require restrictions for their safety. We saw evidence that the best interests decision-making process was used where people lacked the capacity to make specific decisions for themselves.
- Staff received MCA training and encouraged people to make their own decisions where this was safe and appropriate. One person told us, "I need to do exercises which I don't like but the girls are lovely and encourage me - they also make sure I decide what to eat or wear - but sometimes I just get them to decide - they are lovely."

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 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

- People were well cared for and treated respectfully. One person told us, "My carer is lovely - I love her chat and she cares for me when here."
- Staff ensured that where possible, people were supported to make their own decisions about the care provided. A relative told us, "[Staff] are fantastic, everything we could ask for - [my family member] was not washing [themselves], [their] clothes or teeth and the carers are fantastic in encouraging [them] to do this - and help where necessary. They encourage going out for a little walk and they are clear to say they are there to help not tell [my family member] what to do - very pleased with them."
- Staff developed positive relationships with people and their relatives. People described staff as, "more than kind", "very good", "everything we could ask for", "efficient and caring." A relative told us, "[My family member] genuinely likes to see the lady carer - she chats and encourages [my family member] when necessary - they get on very well."
- Staff were required to complete equality and diversity training and had a good understanding and awareness of people's individual needs and preferences.

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

- People were provided with a copy of their care plan and information about the service and other relevant partner agencies. The provider was able to produce information in accessible formats in response to specific requests.
- People and their relatives told us they were invited to feedback about the service either directly to the management team in person or via telephone and email correspondence. Comments included, "Management are very helpful - I speak to them regularly - no issues - they do what they say they are going to do", "I speak to the manager regularly - I know I can ring the office" and "I have [the director's] mobile number and have a very clear hot line to him or his second - very happy."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good awareness of people's needs and abilities. People were encouraged to do the things they wanted or needed to do. People and their relatives told us, "[Staff] are very good - one lady reads to me as my sight is not good", "They chat with my [family member] - [they] are a character - and [they] like all of the carers who come", "The carers encourage independence - chatting, going out, keeping stimulated - they are very good at that" and "One of the carers has started reading the newspaper my [family member]

reads, so that [they] can talk to [them] about [topics] - so considerate."

- The provider ensured people's personal information was kept private and confidential. People's records were stored safely and securely in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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 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 meet people's needs, preferences, interests and give them choice and control

- People and their relatives confirmed their involvement in the care planning and review process. A relative commented, "[We] are quite happy with the service - we keep it under constant review as the needs of my [family member] are changing quite rapidly."
- Where possible, people were allocated a regular team of staff members to ensure care was delivered in a consistent manner. One person told us, "I have three different ladies - all lovely - one does the laundry and things, she is very efficient, another comes on a Sunday and takes me for a walk - they are lovely". A relative commented, "We now have about six different carers who [my family member] really likes. We are very happy with the company."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people using the service were provided with relevant contact details should they need to make a complaint.
- People were confident that any concerns they raised would be managed appropriately. Relatives told us, "They do what they say they are going to do" and "What I like about [the service] is - any concerns, they are so on it - in 24 hours or less."
- People told us they would recommend the service to others. A relative told us, "We will definitely continue with them."

End of life care and support

- At the time of the inspection staff were not supporting people with palliative care needs.
- The provider was confident that where staff were required to support people with complex care needs, they would be able to provide the appropriate care in conjunction with community healthcare professionals.

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.

- Staff spent time getting to know people well and understood how to communicate with the people they cared for.
- Information about people's communication needs was recorded in their care plans.

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to record and monitor the care provided. Quality assurance systems ensured people's care documentation was completed accurately and in full, with relevant, informative and up to date information.
- Staff were required to record details of the care and support they provided at each visit. These records were returned to the office and checked by the management team for quality assurance purposes.

Planning and promoting person-centred, high-quality care and support; Working in partnership with others

- The provider had key policies and procedures in place to help them meet health and social care regulations.
- Staff worked closely with a range of health and social care professionals to promote good outcomes for people using the service. A representative from a partner care agency providing supporting care packages to people using the service commented, "[The service and staff] are excellent and as we have our own excellent reputation to uphold we need carers with the same reputation."
- Information was shared between healthcare professionals and family representatives to ensure the service continued to meet people's needs appropriately.

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

- People and their relatives were positive about the way the service was managed. Comments included, "I am extremely pleased with the management - there has been someone new recently who came to introduce themselves to me – very happy" and "The manager has been very supportive, and I have the confidence if I need any changes there will not be a problem."
- Staff told us they felt listened to and valued and able to contribute ideas about the running of the service. A member of staff told us, "[The managers] are very supportive. They'll help you. They are fair, and we feel valued definitely." Another member of staff commented, "I feel [the service] has flourished under the new management."
- The provider collaborated with other services and agencies to promote the health, safety and well-being of people using the service. This included organising coffee and movie mornings, talks and information events.

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 registered manager notified the Care Quality Commission (CQC) and other agencies of safeguarding concerns and took appropriate action to minimise any repeat events.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to the care and support provided.

Continuous learning and improving care

- The registered manager held meetings with staff to discuss service improvements, training and development needs and to share best practice information.
- The provider undertook spot checks to monitor staff performance and the quality of the care and support they delivered.