

## GL1 Support Services

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### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

|                            |                               |
|----------------------------|-------------------------------|
| Is the service safe?       | <b>Requires Improvement</b> ● |
| Is the service effective?  | <b>Requires Improvement</b> ● |
| Is the service caring?     | <b>Good</b> ●                 |
| Is the service responsive? | <b>Good</b> ●                 |
| Is the service well-led?   | <b>Requires Improvement</b> ● |

# Summary of findings

## Overall summary

This inspection took place on the 8 December 2016 and was announced.

GL1 Support Services is a domiciliary care service providing care and support to people in their own homes. At the time of our inspection there were three people being supported by the service.

Systems to support people to take their medicines were not fully safe. People's capacity to make decisions about their care and support had not been assessed. Staff recruitment procedures were generally robust although health checks had not been carried out before staff were employed. Quality assurance systems had not driven improvements in the service.

GL1 Support Services had a registered manager in post. 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.

We heard positive comments about the service from people and their representatives such as "excellent, no problem whatsoever" and "very happy".

People were safeguarded from the risk of abuse because management and staff understood how to protect them.

Staff were supported through training and supervision to maintain their skills and knowledge to care for people.

People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence. People received care and support that was personalised to their needs.

The management team was accessible to people using the service and staff. Staff spoke positively about their work with people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not fully safe.

Systems to support people to take their medicines were not fully safe.

People were protected by generally robust staff recruitment practices.

People were safeguarded from the risk of abuse because management and staff understood how to protect them.

### Is the service effective?

**Requires Improvement** ●

The service was not fully effective.

People's capacity to make decisions about their care and support had not been assessed.

People were supported by staff who had the knowledge and skills to carry out their roles.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's independence was understood, promoted and respected by staff.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People received individualised care and support.

There were arrangements in place to respond to concerns and complaints.

**Is the service well-led?**

The service was not well-led.

Quality assurance systems had not driven improvements in the service.

The management team were accessible and open to communication with people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care and support to people.

**Requires Improvement** 

# GL1 Support Services

## **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 8 December 2016 and was announced. We gave the service notice of the inspection because it is small and the management are often out of the office providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector. GL1 Support Services is registered as a partnership. We spoke with the registered manager and one of the partners. Following the inspection we spoke on the telephone to one person using the service, three relatives of people using the service and two staff.

We reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Before the inspection the provider completed a provider information return (PIR) in December 2015. The PIR 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. As part of this process we also received comments from community based health and social care professionals working with people who use the service.

# Is the service safe?

## Our findings

Systems to support people to take their medicines were not fully safe. Two people received support from staff with taking their medicines. One on a regular basis with some of their medicines and the other on an occasional basis. We spoke with one person and they were satisfied with how the staff supported them to take their medicines. People's care plans gave information for staff reference about the medicines people were taking and the times they took them. However information about the support given to people was recorded by staff in a daily record and not on a medicine administration record. This could lead to errors in how people are supported to take their medicines. Following our inspection visit the registered manager informed us that medicine administration records would be put in place. There were detailed plans to support people with their medicines. Staff had received training to support people with their medicines.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. A flow chart for reporting any safeguarding concerns including contact details for the local authority was available for reference for management and staff.

People were protected from risks associated with receiving care. Information about this was included in people's care plans. However risk assessments for assessing each risk had not been completed. One person's relative told us how staff checked the temperature of bath water before supporting a person to have a bath.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. The service provided calls that were a minimum of 30 minutes and sometimes went over this to ensure people received the care and support they required. The registered manager reported there had been no missed calls since the service had started. Cover had always been provided in the event of staff absence. One person said staff were "always on time" a relative of a person told us staff's time keeping was "excellent". Another person's relative told us staff always turned up on time and at the time the person wanted.

People were protected against the employment of unsuitable staff because generally robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and checks. The registered manager spoke of the importance of checking applicant's previous employment where they had worked in a role caring for or supporting people. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However both of the staff had been employed without information on their health being checked to ensure they were suitable for their role as outlined in the registered provider's recruitment policy. We discussed this with the registered manager who agreed to implement these checks with future recruitment.

## Is the service effective?

### Our findings

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. We checked whether the service was working within the principles of the MCA. Assessments had not been made of people's capacity to consent make decisions about their care and support. We discussed this with the registered manager who agreed to undertake the relevant assessments following our visit. However we noted people were given choice in relation to their care and support. One person's care plan stated "all of my personal care needs are met in a way that upholds my privacy and dignity and gives me choice". Staff also told us how they offered choice to people when providing care and support. The registered manager and the nominated individual had received training in the MCA with the local authority and a relevant policy was in place to provide guidance. Following our inspection visit the registered manager informed us that people's capacity assessments were being worked on.

People using the service were supported by staff who had received training and support suitable for their role. One person confirmed staff knew what they were doing when providing support and were "well trained". Staff had received training in such subjects as hand hygiene and food safety and also training specific to the needs of people using the service such as dementia. Staff confirmed they received enough training for their role. Staff received individual meetings with one of the partners called supervision sessions. These sessions included discussions around staff's personal development in their role, training needs and any concerns. One person's relative spoke positively about the consistency of care provided by regular staff which was important to the person receiving the service.

One person was supported with certain aspects of meal preparation. They described how staff supported them and were satisfied with this. Their care plan included information for staff to support the person with meal preparation. Staff had received food hygiene training.

GL1 Support Services did not provide support to people using the service to access health care appointments. People relied on relatives for this and this was detailed in their care plans. However information was available for staff to follow in the event of illness or an emergency including contact details for people's GP practices.

## Is the service caring?

### Our findings

Staff developed positive relationships with people and their relatives. One person told us they were "very pleased with the staff" and said "they are really good to me". They also told us staff were "polite and very kind and caring". One person's relative commented how staff "got on well" with the person and told us staff were "very caring". Another relative described staff as "professional and caring". Staff told us the length of visits meant there was "always time for a chat" and this enabled them to get to know the people they provided care and support to. Attention was paid to people's comfort when providing care. One person's care plan stated "During the colder weather (the person) has the bathroom heater turned on whilst using the bathroom". People's care plans included their preferred form of address for staff to refer to.

A health care professional commenting on the staff told us, "I only come into contact with one member of the team and I find her to be professional, caring, hard working and compassionate. I have no doubt that she has the client's best interests in mind at all times and I fully trust her to provide good quality care".

People and their representatives told us how they had been consulted about plans for their care. Information was available about advocacy services if people needed to use these. Advocates are people who provide a service to support people to get their views and wishes heard. At the time of our inspection there were no people using the service who were also using the services of an advocate.

People's privacy and dignity was respected. Staff gave us examples of how they would do this when providing care and support to people. People's care plans described how their privacy and dignity would be upheld for example one person's care plans stated. "All of my personal care needs are met in a way that upholds my privacy and dignity and gives me choice". A relative of a person confirmed staff acted to preserve the privacy and dignity of the person when providing personal care.

People were supported to maintain their independence. Guidance on how this should be achieved was given to staff in people's care plans. The aim of one person's care plan was "to enable (the person) to remain living independently within their own home". Care plans included detailed information for staff to help maintain people's independence such as information about how much personal care people could carry out themselves. A social care professional commented, "The Agency have demonstrated that they are committed to increasing the independence of the people who they work with, creating links with community resources and working flexibly to support adults with learning difficulties to meet their potential".



## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. People's care plans contained information for staff to follow presented in a clear and detailed format. For example "(The person) will wash his own face, neck and under his arms. Staff to give (the person) the flannel and allow them to maintain their independence". Care Plans had been kept under regular review. One person had specific communication needs that staff needed to be aware of. The person's care plan included detailed information for staff about this. Another person's care plan gave information about possible signs that a person may have a relapse with their health for staff to be aware of.

The registered manager described the approach to providing personalised care to people, "We are very personalised, this is pivotal to what we do and what we are about. We are about the individual, their needs, what they want, what they don't want". The registered manager described the approach to writing care plans; these were "clear enough and concise enough for anyone to follow". Staff told us the length of visits enabled them to provide the care and support people needed even if they overrun the allotted time. A small staff team ensured a consistent approach where staff knew the people they supported and their needs. One member of staff felt that care was provided on "a more personal level" than with other care providers they had worked for. For example the service was able to respond when one person requested slightly later morning calls to enable them to sleep in a little later in the morning.

A social care professional commented, "Service is provided on an individual basis, and is adapted to meet the needs of each person. Regular support workers are provided which provides consistency and confidence in the service". The registered manager reported positive outcomes for people's mental health since the involvement of GL1 support services.

There were arrangements to listen to and respond to any concerns or complaints. People were provided with information about how to make a complaint in the 'service user's handbook'. The registered manager told us no complaints had been received since GL1 support services had started providing a service for people and records confirmed this. On an informal level the registered manager and one of the partners provided care to people on a daily basis and so were in contact with people and their relatives in order to monitor people's views on the service provided.

## Is the service well-led?

### Our findings

Quality assurance systems had not been used to drive improvements in the service. There were no systems in place to check on or measure the quality of the service provided at the time of our inspection visit. We found areas for improvement in such as medicine recording and mental capacity assessments. Audits had been completed by the service in 2015. Areas assessed included, health and safety, staff recruitment and records. However these were not considered to have met the needs of the service as provided. The registered manager and one of the partners were considering how best to check the quality of the service in the future. The registered manager described a plan for surveys of stakeholders to be conducted in 2017. A survey of the views of the two staff employed had been carried out at a staff meeting in October 2016 and recorded in the meeting minutes with positive results.

GL1 Support Services had a registered manager who had been registered as manager since July 2015. A registered manager is a person who has registered with CQC 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. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service.

The registered manager and one of the partners were accessible to people using the service because they were part of the staff team regularly delivering care and support to people. Staff told us how the management were available, "always at the end of the 'phone" and "easy to get hold of".

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns.

The registered manager described the aims of the service as "the service we provide makes a difference to the lives of the people we support" and "people would be able to stay in their own homes".

Regular staff meetings were held where people's care and support needs were discussed along with training and any accidents or complaints. This enabled staff to keep up to date with any changes to the needs of the people they supported and any developments with the service provided.