

GPS Care Services Ltd

# GPS Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

GPS Care Services is a domiciliary care agency which means staff go into people's own homes to provide care and support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were two people using the service.

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

People were happy with the care and support they received. Since the last inspection the provider had made significant improvements to the running of the service, to ensure people's care was consistently safe. Background checks were completed to ensure only suitable persons were employed to provide care. Health and safety risks were considered and managed to ensure people's safety and autonomy was maintained. Medicines were managed in a safe way, with minor improvements needed to the management of topical creams. People consistently told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care.

The provider had made positive changes to their systems of governance since our last visit, but improvements were ongoing. Audit systems remained absent in some key areas of care delivery. We saw no evidence this had impacted on people's care. People benefitted from a management team who were involved in the delivery of people's care and were 'hands on' when it came to responding to people's feedback. Record keeping systems had improved, these were now accurate and clear. Records of care reviews however, lacked detail and did not provide a clear audit trail of decisions made about a person's care.

People were supported by staff who were competent and skilled. Care plans were person-centred and people were fully involved in decisions about their care and support. Staff asked people for their consent before providing them with any care. People who used the service 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.

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 and update

The last rating for this service was inadequate (published 23 March 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 12, 18 and 19. The provider remained in breach of regulation 17.

This service has been in Special Measures since 22 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# GPS 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. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### 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 inspection was unannounced.

Inspection activity started on 5 July 2022 and ended on 11 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the nominated individual, registered manager and two care staff.

We reviewed a range of records. This included two people's care records. We looked at six staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and what actions they had taken in relation to feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures to ensure all persons employed were suitable for the purposes of carrying on a regulated activity. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were much improved, and staff had received appropriate background checks as required by law.
- There were enough staff employed to ensure people's needs were met. People received support from the same core group of staff, which promoted good continuity of care.
- People confirmed staff arrived on time and calls schedules were well managed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of all people receiving care or treatment and to do all that is reasonably practicable to mitigate risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's health and safety were now effectively managed. Systems were in place to ensure risks were explored through further assessment, and where appropriate, plans were put in place to promote people's safety.
- The management team monitored people's care as they were involved in care delivery. This meant they were able to identify and act on risk quickly.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Medicines were now managed safely. Minor improvements were needed with the use of topical creams.
- For people who received support with topical creams, staff did not always have access to clear information on where to apply people's creams. We found no evidence this impacted on people. Staff knew people's needs well and the registered manager assured CQC they will implement body maps into people's care plans after the inspection.
- Since the last inspection the provider had ensured people's medicine support needs were identified through assessment. Detailed plans were then put in place to direct staff on how to safely administer people's medication.
- Records of administration were consistently accurate and up to date. Everyone we spoke with told us the medicines support they received was good.

#### Preventing and controlling infection

- Systems and processes were in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

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

- Systems and processes were in place for reporting and investigating potential abuse. At the time of inspection there were no recorded accidents, incidents or safeguarding concerns. People who used the service told us they felt safe when receiving support from staff.
- Staff were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. 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  
At our last inspection the provider had failed to ensure all people had received a robust of assessment of their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- A full assessment had been completed, which provided the service with detailed information about the person's care needs. A personalised care plan was then written.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received appropriate training to undertake their jobs effectively.
- The support staff received had improved. Ongoing support was also provided to staff through supervision and observed practices. Staff told us they felt supported by the management team.
- There had been no new staff since the last inspection, but systems were in place to induct new starters, so they were suitably prepared before providing care.

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

- For people who received support with eating and drinking, people's feedback confirmed they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough.
- People's food preferences were recorded in their care plan, along with details of any special dietary

requirements. This supported staff to cater for their needs, in accordance with their preferences.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- People were encouraged to maintain good health and well-being, and the service supported people to attend medical appointments.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- People signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff demonstrated a practical awareness of the need to gain consent before providing care.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 and their relatives were complimentary around the caring nature of staff and how they felt respected.
- Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- In addition to the running of the service, the management team were involved in the delivery of people's care. This arrangement benefitted people as they had regular contact with the management team and changes which ordinarily required a manager to approve, happened almost instantaneously. Everyone we spoke with knew the managers by name and commented they were extremely approachable and attentive to their needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in developing their care plans and knew their regular carer workers well. The service also valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People told us staff treated them with dignity and promoted their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; End of life care and support

- People's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.
- At the time of our inspection, the provider was not supporting anyone who required end of life care. The provider told us they had systems in place, to document a person's preferences and priorities for care, when they reached the end stages of their life. Health professionals would be consulted as part of this process.

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.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people. Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider's systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. The provider also failed to maintain accurate records in respect of each person who received care and persons employed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service had significantly improved since the last inspection, and the provider had addressed several breaches of regulations. However, the provider's quality assurance systems were an ongoing concern. For example, the provider continued to have no system for checking people's medicines administration records and daily logs for quality and safety issues. This meant issues were less likely to be identified and acted on.
- The management team carried out spot checks on staff, but this practice was not well-embedded as this process was newly established. Although the management team were involved in care delivery, there was no system in place to monitor their own practice.
- Record keeping systems were much improved. People's care records were now stored electronically, and a filing system ensured staff recruitment, training and supervision records were organised and secure. Records of people's care reviews remained poor and lacked sufficient detail to provide a clear audit trail of when changes were made to people's care and why.
- The provider purchased their policies and procedures from another company. Not all policies had been adapted to reflect local procedures. For example, the provider's safeguarding policy did not reference the local authority's safeguarding process.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each person who received care. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback about the service was positive, which assured us our findings had not impacted people's care.

The provider demonstrated they were committed to addressing areas of concern.

- The management team encouraged a positive culture by leading by example. People told us the management team were supportive and approachable.

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

- The provider understood their responsibilities to notify CQC of certain incidents or events.
- The provider had mechanisms in place to gather feedback from people and their relatives. People benefitted from a more 'hands on' approach from the provider when it came to listening to and acting on feedback. It was clear from discussions with people they were happy with the care from GPS Care Services and spoke positively of the provider.

Working in partnership with others

- The provider had links with key organisations to the benefit of people who used the service and to help with the development of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation.<br/>Regulation 17 (1), (2) (a).</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user.<br/>Regulation 17 (1), (2) (c)</p> |