

GNCARESOURCES LTD

GN Care Services Ltd

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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

GN Care Services Ltd is a domiciliary care agency providing personal care. The service provides support to people living in their own homes in the community. At the time of our inspection there were 30 people using the service. 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.

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

The provider could not be fully assured people received their care and support at the times agreed with them. There were no systems in place to audit the accuracy of records maintained about care calls. This meant the provider could not fully assure themselves staff were attending care calls at the right time and for the duration planned. This increased the risk of people not receiving the care and support planned for them and at the times agreed. The provider was taking action to improve this. However, we were not fully assured the provider had effective oversight and governance processes in place to reduce the risk of people receiving unsafe, poor quality care.

Not all the people using the service received consistent care and support from regular staff which increased the risk of them receiving poor quality care from staff who did not know them and unfamiliar with their needs.

Notwithstanding the issues above, people were safe using the service. Staff knew how to safeguard people from abuse and what action to take, to report concerns to the appropriate authority. Staff knew how to manage risks to people, to keep them safe. There were adequate numbers of staff to support people and meet their needs. Staff followed current practice when providing personal care which reduced infection and hygiene risks in people's homes.

People were reasonably satisfied with the care and support they received from staff. They told us the service was good when they received support from regular staff that came on time. People were involved in planning their care and support and could state their preferences for how this was provided.

Where the service was responsible for this, staff helped people to eat and drink enough to meet their needs and take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported with these. They reported concerns they had about people's health and wellbeing so that appropriate support could be sought for them.

Staff received training to help them meet people's needs. Staff were supported and encouraged to continually learn, develop and improve in their role. The provider carried out spot checks on staff to make sure they were carrying out their duties appropriately and to a high standard.

Staff were caring and treated people well and respected their right to privacy, dignity and independence. 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 regularly monitored the safety and quality of care and support provided to people. They checked with people at regular intervals that the care and support provided was meeting their needs and sought their views about how the service could improve. There were arrangements in place to investigate accidents, incidents and complaints and people to be involved and informed of the outcome.

The provider was taking action to improve the service. The provider was working with a local authority to address concerns they had about care calls and the quality of service provided, to improve the service for people. The provider had a plan in place to make improvements and were starting to see some positive outcomes from their actions. They had also used the learning from concerns to improve and update their systems and processes to improve the care and support provided to people.

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

Rating at last inspection

The last rating for this service was requires improvement (published 2 April 2021).

At our last inspection we recommended that the provider review their recruitment process and systems to ensure they obtain all of the information required by law before any new staff start work. At this inspection we found the provider had acted to improve their recruitment process and systems.

Why we inspected

The inspection was prompted in part due to concerns received about missed care calls, the timeliness of care calls and quality concerns about the care and support provided by the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the caring and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

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?

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

GN Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 17 August 2022 and ended on 25 August 2022. We visited the location's office on 17 August 2022.

What we did before the inspection

We reviewed information we had received about the service since they were first registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and four relatives about their experiences of using the service. We spoke with the head office team which included the registered manager, the deputy manager, the recruitment officer and the office supervisor. All the head office team provided care and support to people using the service. We reviewed a range of records including four people's care records, records relating to staffing, recruitment, training and supervision and other records relating to the management of the service.

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 requires improvement. 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 we recommended the provider review their recruitment process and systems to ensure they obtain all the information required by law before any new staff start work. The provider had made improvements.

- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable, were employed to support people.
- There were adequate numbers of staff deployed to meet the needs of people using the service. People told us, on the whole, staff arrived for care calls when expected. One person told us, "They always seem to be on time and they are just so good."
- When staff were running late for a care call, people said staff would contact them to let them know. One person said, "One or two occasions when they are late, I received a call informing me of this." Another person told us, "Only once a carer was late and she informed me."
- We were aware of concerns, prior to this inspection, raised by people, relatives and a local authority, that scheduled care calls to some people had been missed. These had occurred during May and June 2022. The registered manager told us as soon as they were made aware of these concerns they had acted to make improvements. This included having a dedicated driver to take staff to care calls to address issues some staff were experiencing using public transport.
- People had been provided information about what to do if staff were late or missed a scheduled care call. People's feedback at the time of this inspection indicated they had no current concerns about missed care calls which showed the improvements made by the provider were helping to reduce the risk of missed care calls to people.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. One person said, "Yes, I do feel safe because the carers are so good and obliging." Another person told us, "Yes I do feel safe because the carers seem to be aware if I need extra physical help."
- Staff understood their role in safeguarding people and how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- The provider managed risks to people's safety and wellbeing. People's records contained information about identified risks to their safety and wellbeing and what staff should do to manage these risks, to keep

people safe. For example, where people needed help to move and transfer there was guidance for staff on how to do this safely.

- Staff were provided with information about what to do in case of an emergency situation when attending a care call, for example, if a person did not answer their door, if a person had become ill or if a person had a fall. This helped to ensure people would receive appropriate assistance in these instances to support their safety and wellbeing.

Using medicines safely

- Where the service was responsible for this, people received their medicines safely and as prescribed. One person said, "Yes, carers can be very generous when applying my moisturising creams and they also prompt me with my medication twice a day."
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.
- Senior staff undertook annual competency checks on staff and audits on people's records to make sure staff administered medicines safely.

Preventing and controlling infection

- The service managed risks associated with infection control and hygiene.
- Staff had received training in how to keep people safe from risks associated with poor infection control and hygiene.
- On the whole, staff used personal protective equipment (PPE) effectively and safely. Two people told us there had been occasions when staff had not worn a face mask during a care call. The provider was aware of these concerns and had increased spot checks on staff, to every 2 weeks, to check staff were following correct procedures at all times.
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents. The provider investigated accidents and incidents and took action when this was needed to reduce the risks of these reoccurring.
- Learning from accidents and incidents was shared with staff to help them improve the quality and safety of the support provided.

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 did not rate this key question. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People had mixed experiences of the staff providing their care and support needs. Three people and one relative told us they felt staff were trained to meet people's needs.
- However, one person and three relatives told us they had concerns about the skills and experience of some of the staff providing care and support. One person said, "Most of the carers are trained. The few who are not well trained, leave early." A relative told us, "More training needs to be done...I think new staff need to have more training...usually carers shadow the more experienced carers. But often new carers come alone and have no idea and I have to show them how to do [care tasks] correctly."
- The provider's records showed new staff had to successfully complete a period of induction prior to supporting people unsupervised. This included an assessment by senior staff of their competency to meet people's needs.
- Records showed staff received relevant training to meet people's needs. Training had been scheduled for the rest of the year for staff to refresh their skills and knowledge, to enable them to stay up to date with current practice.
- We discussed the concerns we received from people about staff's skills and experience, with the registered manager. They acknowledged these concerns and told us they would use their quality monitoring checks to identify any continuing learning and development needs staff may have and address these in an appropriate way.
- Staff received support in the form of supervision and appraisal from their line manager. They were encouraged to discuss their working practices and any support they needed to help them provide effective support to people.
- The registered manager told us they were supporting all staff to achieve relevant qualifications in health and social care to support their continuing professional development.

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

- The provider had arrangements in place to make sure people's care and support needs could be met by the service. Senior staff undertook assessments of people's needs to make sure these could be delivered in line with current practice and guidance.
- People and others involved in their care had been involved in assessments and were asked for information about their needs and how and when they would like care and support to be provided.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs.
- People's records included their preferences for meals and drinks. This helped people receive food and drink of their choice. One person told us, "I have breakfast in the morning made by the carer and she then cooks an evening meal for me of my choice." Another person said, "I choose what I have to eat and drink."
- People were supported to manage their health and medical conditions. People's records contained information for staff about how they should do this.
- Staff were observant to changes in people's needs or when they became unwell and sought support for this where appropriate. One person told us staff had contacted their GP for them after they had a fall so they could seek some additional support for them.

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 MCA 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.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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 did not rate this key question. This key question has been rated requires improvement. This meant people did not always feel well-supported.

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

- Not all the people using the service received care and support from regular staff. Two people and two relatives told us they did not always have the same staff providing care and support. One person said, "I don't get regular carers, I never know who is coming." A relative told us, "Never regular carers, always different faces arrive every day." This meant for these people, they did not receive consistent support with their care and support needs which increased the risk of them receiving poor quality care.
- Two people and two relatives told us they did have regular staff providing care and support. One person said, "Yes, I have four regular carers." A relative told us, "We do have regular carers for consistency, for my [family member]."
- Although we did not find evidence at this inspection that people had been harmed due to the lack of consistency in the support they received, there remained a risk to people of receiving unsafe or inappropriate care and support from staff who did not know them and were unfamiliar with their needs.
- We discussed the concerns we received from people with the registered manager. They told us due to staff turnover, at times it had been challenging to maintain continuity in care for some people who had experienced changes in the staff supporting them with their needs. They said to address this, they would meet with people and relatives to discuss any changes to their regular staff and agree a plan to review the care and support provided by new staff to make sure this was meeting people's needs.
- Notwithstanding the above, people were looked after well by staff. One person said, "All carers are kind and caring and understanding." Another person told us, "My carer is very kind and caring. She knows me well." A relative said, "They are very kind and caring and do listen."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with their needs.

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

- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- The provider obtained people's feedback through regular monitoring checks to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who maintained their privacy and dignity when providing care and support.
- People were supported to be as independent as they could be. People's records prompted staff to support people to undertake as much of the tasks of daily living as they could. One person told us, "My carer knows

the things I can do for myself with regard to personal care."

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 did not rate this key question. This key question has been rated 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; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People had choice about how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. This helped to guide staff on how to provide support that was personalised and tailored to people's needs.
- People's records contained information about their life history and interests to help staff get to know people and meet their needs.
- People's records also contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- When people had raised concerns and complaints we saw these were dealt with appropriately by the service.

End of life care and support

- The service had a system in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider could not be fully assured people received their care and support at the times agreed with them. Our checks of staff rotas and staff timesheets showed staff recorded the full duration of care calls agreed as part of people's packages of care. However this information did not show the actual times spent by staff at each care call. We saw evidence for two staff members they could not have arrived at the time of a scheduled care call as recorded on their timesheet as they were elsewhere at the time. This meant the provider was not maintaining accurate records of the care and support provided to people as they are legally required to do. The provider had no systems in place to audit the accuracy of these records. This lack of oversight meant they could not fully assure themselves staff were attending these calls at the right time and staying for the duration as required. This increased the risk to people of not receiving the care and support planned for them, at the times agreed with them.
- We discussed these concerns with the registered manager who acknowledged their current system for scheduling and monitoring of care calls was not fit for purpose. They told us a new electronic system had been purchased to replace the current system from September 2022. They said this would provide them with the ability to monitor, in real time, that staff were attending care calls on time and providing the care and support planned for people. This would help to ensure they maintained accurate records of these visits going forwards.

Despite the action taken by the provider, we were not fully assured the provider had effective oversight and governance processes in place to reduce the risk of people receiving unsafe, poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the issues found at this inspection, people were reasonably satisfied with the quality of service provided. People said the service worked well, when they had regular staff who came on time. One person said, "It's ok and carers often come on time." Another person told us, "It's ok as long as I have the same carer." A relative said, "It's ok but there are too many different carers." Another relative told us, "I think it's professional, cheerful in manner and discreet."
- The provider undertook regular monitoring checks of the safety and quality of care and support provided to people. They dealt with any issues from these checks and used this information to support staff to learn and improve their working practices.

Continuous learning and improving care; working in partnership with others; 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 was acting to improve the service. We were aware of concerns prior to this inspection raised by people, relatives and a local authority about the quality of service provided. The provider was working with the local authority to address the concerns and improve the service for people. They had a plan in place to make improvements and were starting to see some positive outcomes from their actions, including a reduction in missed calls and complaints about the timeliness of staff attending care calls.
- The provider was using the learning from concerns to improve and update their systems and processes. The provider had purchased a new system to improve their oversight of care calls and they had updated quality monitoring forms to capture better information about people's experiences of using the service. The registered manager told us these changes would lead to improvements for people using the service as they would have better information to check people received safe, high quality care.
- The provider notified CQC of events or incidents involving people which helped us check they took appropriate action to ensure people's safety and welfare in these instances.
- The provider had systems in place to apologise to people, and those important to them, when things went wrong. The registered manager understood their duty to give honest information and suitable support, and to apply duty of candour where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations about the quality of care and support people should receive. These were communicated to people and others involved in their care when they first started using the service. The provider used spot checks to make sure staff were providing care and support to the standard expected.
- People were provided opportunities to have their say about the service and how it could improve. The provider used telephone monitoring checks and spot checks on staff to gather people's views and what improvements they would like to see. Staff were encouraged through supervision to give their ideas and about how care and support could continually be improved for people.

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 was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (17(2)(a))</p> <p>The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (17(2)(c))</p>