

## GL1 Support Services Limited

# GL1 Support 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. This was the first inspection of the service under the current provider registration. At the time of our inspection it was providing a service to three older adults.

Not everyone using GL1 Support Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We heard positive comments about the service such as "Absolutely wonderful", "I cannot praise these girls enough" and "Really good 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.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe.

People were treated with respect and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff support in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

## 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.

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

People's safety was monitored and managed.

### Is the service effective?

Good 

The service was effective.

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

People benefitted from liaison with health care professionals where this was needed.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

### 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 well-led.

A registered manager was in post who was available to 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.

Quality checks were in operation to improve the service provided to people.

**Good** ●

# 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.

We gave the service prior notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 7 June 2018 when we visited the office location to see the registered manager and to review care records, staff information and policies and procedures about the management of the service. We also spoke with one person using the service, two relatives of people using the service, one member of staff and a health care professional on the telephone.

Following the inspection, the provider completed a Provider Information Return (PIR). This 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.

## Is the service safe?

### Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. The Provider Information Return (PIR) described, "Full staff induction and regular training on the identification and prevention of abuse".

Risks to people were identified and managed. People had individual risk management plans in place. For example, for bathing and for the risk of abuse. These included measures to keep people safe for example the use of a bath mat and taking the temperature of the bath water. People were supported by staff to mitigate their risks because staff had received training such as infection control and safe handling.

At the time of our inspection, the service was not supporting people with the management of their medicines. However, we were assured that staff had received suitable training and procedures were in place including audits to support people to take their medicines should the need arise.

Suitable staffing levels were in place to meet the needs of the people. The registered manager reported that apart from one episode of very bad weather there had been no missed visits. People told us they felt assured that they would receive their care. The registered manager told us telephone calls would be made to warn people of any late visits and this practice was confirmed by people using the service and their representatives. One relative told us "Staff always phone if they are going to be late." The service provided visits that were a minimum of 30 minutes and sometimes went over this to ensure people received the care and support they required.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. 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.

The registered manager reported there had been no accidents or incidents while care was being provided to people. However, systems were in place to ensure safety incidents would be reviewed and lessons learned to further improve safety in the service. The Provider Information Return (PIR) described the intended approach to monitoring accidents and incidents, "Monitor and review all accidents and incidents to identify any trends and potential corrective action, and review actions taken for effect. Review accidents and emergencies with staff to identify negative and positive trends, to be managed accordingly".

## Is the service effective?

### Our findings

People's needs were assessed to ensure they could be met before they received a service. Technology was used to monitor visit times in conjunction with people receiving care funded by the local authority. This supported the registered manager to ensure people received their care as planned.

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as first aid, food safety, equality and diversity and training specific to the needs of people using the service such as dementia and autism. Staff confirmed they received enough training for their role and their training was up to date. Staff received individual meetings with the registered manager called supervision sessions. These sessions included discussions around staff's personal development in their role, training needs and any concerns.

At the time of our inspection visit support was not routinely being provided to any of the people using the service for meal preparation or to support people to eat and drink safely. One person occasionally had breakfast provided for them. Staff had received training in food hygiene in the event of people needing support with their meal preparation.

People were supported to maintain their health through liaison with health care professionals and occasional support to attend health care appointments. A health care professional commented positively about the communication from the service and their willingness to take advice about the care provided to one person. One person had received an occupational therapy assessment to ensure they were safe to use the bath where staff provided prompts around personal care.

The MCA provides a legal framework for making 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. The Provider Information Return (PIR) described the approach of the service, "Obtain valid consent for all aspects of Service Users' care service and support. Ensure that where capacity to consent is not present, all decisions will be made in the best interests of the Service User". Assessments had been made of people's ability to consent to the care and support provided to them.

## Is the service caring?

### Our findings

Staff developed positive relationships with people and their relatives. The Provider Information Return (PIR) stated, "We monitor Service Users' experience of care in relation to kindness, compassion and dignity. We share policies and procedures regarding privacy, dignity, compassion, respect, individuality and human rights with all staff."

One person told us staff were polite and said, "They make sure I'm comfortable and cared for". A person's relative described staff as "polite and caring" and described staff as being "understanding" and having a "good rapport" with the person. They described an occasion when staff had waited with the person for an ambulance to arrive when they were unwell. A health care professional also commented on the caring nature of staff.

People and their representatives told us how they had been consulted about plans for their care. The registered manager was aware of how to access advocacy services if needed for people using the service. There were no people using advocacy services at the time of our inspection visit. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected. People's care plans reminded staff of the importance of this for example, "Staff are to ensure (the person's) dignity is maintained at all times". Staff gave us examples of how they would do this when providing care and support to people. This was confirmed by relatives of people using the service. Information was available for staff reference on how they should enter people's homes to ensure their privacy.

People were supported to maintain their independence. People's care plans instructed staff on how to promote people's well-being and independence with personal care to enable them to remain living in their home. For example, (the person) with prompting can wash most parts of their body". A relative of one person commented on how staff knew the person's capabilities in relation to maintaining their independence. Another person's care plan included actions for staff to follow to keep the person warm when supporting them to bath in cold weather.

## Is the service responsive?

### Our findings

People received care and support in response to their individual needs. People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary. A health care professional described the service as "Very person-centred".

We heard how people benefitted from the service provided. A health care professional commented on how the service had "made a difference with (the person's) life" and how the service was developing ways of working with the person to meet their needs. A relative told us how a person's mood improved noticeably when staff arrived and described how the person would be taken out for a walk by staff if time on the visit allowed. Rotas were sent to people on a regular basis so that they and their relatives were aware of the staff allocated to visit them.

The registered manager was aware of the need to provide information for people in a suitable format where required. At the time of our inspection there were no people using the service where such a need had been identified. One person had individual non-verbal communication needs which were detailed in their care plan for staff reference.

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 by GL1 support services since the start of the service and records confirmed this. The registered manager described how they provided care to people on a daily basis and so were in contact with people and their relatives to monitor people's views on the service provided.

At the time of our inspection visit there were no people using the service being supported in the final days of their life. However, staff had received suitable training should the need arise and policies and procedures were in place for staff guidance.

## Is the service well-led?

### Our findings

GL1 Support Services had a registered manager who had been registered as manager since September 2017. 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 values of the service were described in the Philosophy of care in the Service user's guide and included, "GL1 Support Services is committed to supporting vulnerable people so that they can continue their lives with dignity and independence and be participating members of their own communities". Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives. The registered manager described the current challenges as increasing their number of people they provide a service to under local authority funding and the recruitment of staff in a rural area. Planned developments included to provide a service in line with the local authority's older person's framework subject to successful tendering.

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.

People benefitted from provider quality checks to ensure a consistently good service was being provided. Regular bi-monthly survey questionnaires had been sent out to people using the service their representatives and health and social care professionals. Results were analysed and the registered manager reported no issues had been identified for action.

Quality assurance visits were conducted for each person using the service to observe staff practice. These were carried out on either an announced or unannounced basis. Areas checked on these visits included, health and safety, following the person's care plan and interaction between staff and the person. The registered manager reported no issues were found.