

GND Support Limited

GND Support

Inspection report

15 Statham Place
Oldbrook
Milton Keynes
Buckinghamshire
MK6 2HB

Tel: 07581231760

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

GND Support is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, two people were 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.

Details of how to reduce risks to people's safety were not always included in people's care plans. Care plans reflected people's individual preferences.

Quality assurance systems were not fully in place to ensure people were provided with a quality service.

People were very satisfied with the care that staff provided and with the management of the agency.

People said safe care was provided, protected people against abuse, neglect and discrimination.

Recruitment practices were in place to ensure only suitable staff worked at the service.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

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.

People told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way. People were aware of how to approach the registered manager to raise concerns or complaints. They and staff were very complimentary of the registered manager and said the registered manager always listened to their views.

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

Why we inspected

This service was registered with us in December 2016 and this is the first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

GND Support

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people and children 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

We gave the service seven days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 13 December 2021 and ended on 15 December 2021. We visited the office location on 15 December 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a 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. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service about their experience of the care provided. We spoke with two care staff members and the registered manager. We reviewed a range of records. This included two care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and amendments to procedures.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for a range of issues including how to manage the risk of memory loss.
- However, risk assessments did not cover all potential risks such as managing distressed behaviour or falls. The registered manager said these risk assessments would be put in place.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff. These checks help prevent unsuitable people from working with people who use the service. However, references were not always from the management of previous employers to fully ascertain whether people were competent. The registered manager stated this would be carried out in the future.
- Care plans identified the number of staff required to delivery care safely.
- Sufficient staffing was always in place according to people. There were no missed calls reported.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People told us that they were kept safe by staff from the service.
- Staff demonstrated they understood how to safeguard people. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

Using medicines safely

- People's prescribed medicines had been administered correctly.
- The medicine policy supported people to receive their medicines in the way they preferred.

- Medicine audits had been carried out which showed staff had properly administered medicine to people.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before care was provided. This helped to ensure there were sufficiently trained staff to provide the care and support needed.
- People said that there had been no problems in the care provided by staff. They thought their care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- People said staff were aware of what care was needed and staff were well trained in providing personal care to them.
- Records showed staff had received an induction and ongoing training. The registered manager planned to extend the training to the specific health conditions people had.
- Staff had been trained in important areas such as infection control, medication and health and safety.
- They told us the training made them feel confident to meet people's needs.

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

- People said staff assisted them when they prepared their meals
- They said staff were helpful and ensured they were able to choose what food they wanted to eat.
- When staff accompanied people for shopping, people chose what food they wanted to buy.

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

- Assessments and care plan covered people's health care needs.
- Staff ensured people's health care needs were covered. This included accompanying people to healthcare appointments and reminding people to attend these appointments.
- Staff told us they would contact relevant professionals if people needed health or social care support.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (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. 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.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- People had signed their consent to the care provided by staff.

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.

This is the first inspection for this service. This key question has been rated 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 said staff were very friendly and caring. A person said "Staff are there to help me. They don't take over the things I can do. They just remind me. They are kind and friendly."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected how they wanted to live their lives.
- The registered manager and staff understood that it was important to respect people and their diversity.

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

- People said that they had been involved in the planning of their care.
- Staff were aware of how people wanted to receive their care. For example, people chose what clothes they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted privacy and dignity when providing care. Staff gave good examples of how they would do this such as closing doors and covering people when providing personal care.
- People said staff respected their independence. Staff said they always encouraged people to be independent and would only provide support when needed. For example, if they were able to wash themselves, staff would respect their independence.
- Staff were aware of the need to keep information safe and confidential. The registered manager had a robust confidentiality policy in place to ensure people's information was not shared without their consent.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. 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

- People said staff respected their wishes and how they wanted care to be provided.
- Care plans detailed the person's preferences.
- A person said, "Staff are good. They help me out whenever they can."
- People said staff provided personal care at times that suited them.

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 said staff were good at communicating with them.
- There was evidence in care plans to record people's communication needs.
- Easy read documents were available to people.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. However, the procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager said this procedure would be amended.
- To date, only one complaint had been made. This was quickly resolved with the person being satisfied with the outcome.
- People told us that if they had concerns, they would discuss this with the registered manager. This is because they found the registered manager was always helpful and responsive to their views.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection.
- The registered manager was aware of what was required should someone require this support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs such as for care planning and medication. However, the safety issues we identified such as the lack of a detailed risk assessment for falls and behaviours that challenged had not been identified through the auditing system. The registered manager said these issues would be dealt with and more audits would be put in place such as auditing staff training.
- People told us that staff provided care that met their needs.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Staff said they were provided with good support from the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and was aware that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- One notification regarding a person who received hospital treatment had not been submitted to CQC. The registered manager apologised for this oversight.
- The registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- Feedback had been sought from people. This gave people the opportunity to suggest any changes or improvements.
- Staff surveys were in place and were positive about the service and the registered manager. Some issues had been raised in the surveys though there was no action plan to address these. The registered manager said an action plan would always be put in place in the future if issues were raised.
- Staff told us that relevant care issues had been discussed with them by the registered manager, which had included infection prevention and people's care needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a good knowledge and understanding of people they supported

and knew them well.

- Staff told us they were happy working at the service. One staff member said, "This is the best agency I have worked for and the manager is always available if I have any queries."

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

- The registered manager understood their role and understood the needs of their staff team. Staff were very positive about providing care to people.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

Working in partnership with others

- The registered manager stated that they had had worked with a specialist health team to support a person. This work was included in the person's care plan and had had a positive effect on the person's health.
- People told us they had confidence that staff would react by calling medical services as needed for them should they need this.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.