

GNCARESERVICES LTD GN Care Services Ltd

Inspection report

The Lansdowne Building 2 Lansdowne Road Croydon Surrey CR9 2ER Date of inspection visit: 21 January 2021

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Tel: 02039738561

Ratings

Overall rating for this service

Requires Improvement 🔴

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

Summary of findings

Overall summary

About the service

GN Care Services is a domiciliary care agency providing personal care to 15 people in their own homes and in the local community at the time of the inspection.

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

People felt safe receiving care and support from staff, but some staff files did not contain all the information providers are required to have to ensure staff are of good character and suitable to work with people.

We have made a recommendation to the provider about improving their recruitment processes so they can ensure this is always complete for new staff.

We were assured the provider was following national infection prevention and control guidance to protect people from the risk of COVID-19 and other infections. This included appropriate use of PPE, social distancing and COVID-19 testing.

People had individual risk assessments that were detailed so staff knew how to care for them safely. People and relatives were happy with the way staff managed risks. Some staff had not received all of the training they needed to care for people safely in emergency situations. The provider was taking action to address this and there were systems in place to ensure the provider took appropriate action if things did go wrong. People received their medicines as prescribed. Staff knew how to handle people's medicines safely and the provider was in the process of improving their records so it was clearer which medicines people needed to take. Staff understood how to safeguard people from abuse and neglect and how to report any concerns.

Most people were happy with the reliability and timekeeping of staff. There were systems to ensure there were enough staff available at all times to attend planned visits on time, take the time they needed to spend with people and cover any absence.

People and relatives were happy with the service they received. We received positive feedback from people, relatives and staff about the open culture and supportive approach of the service and registered manager. Relatives told us the provider was open and honest with them if things went wrong.

Staff and managers were clear about their roles and worked well together as a team. There was good communication between all levels of staff and with people and their relatives. The service sought feedback regularly from people, staff and relatives and used this to continually improve the service. There were

suitable checks and tools in place for the provider to ensure they were complying with regulations and to assure service quality. Although some aspects of the service needed improvement, the provider was aware of this, understood their responsibilities and had plans in place to make the improvements.

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

Rating at last inspection

This service was registered with us on 23 July 2019 and this is the first inspection.

Why we inspected

We received concerns in relation to recruitment and the suitability of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We found no evidence during this inspection that people were at risk of harm from this concern, although we have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

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?	Requires Improvement 😑
The service was not always safe.	
Details are in our safe findings below.	
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Is the service well-led?	Good 🛡
The service well-led.	Good •



GN Care Services Ltd

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 Care Act 2014. This was also a targeted inspection to check on a specific concern we had about staff recruitment processes.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector working on site, one inspector working remotely 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.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service from local authority safeguarding and commissioning teams and members of the public, all of whom we spoke with before the inspection. The

provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, eight relatives of people who used the service and five members of staff. We also spoke with the registered manager and the operations director. We reviewed a sample of records including risk assessments and medicines records for three people who used the service, six staff files and the service's data management and call allocation system.

After the inspection

We reviewed information we asked the provider to send us including staff training records and quality assurance records.

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 newly registered 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.

Staffing and recruitment

• We carried out this inspection in part due to concerns we received about the recruitment process and systems to ensure staff were of good character and suitable to work with people. The provider did not always ensure all of the information required by law was in staff files. This included a full history of all employment since leaving school along with a satisfactory explanation of any gaps, which was not present in all cases as some did not go back as far as leaving school. There was a health and fitness to work questionnaire but we did not see sufficient evidence this was completed by all staff so the provider could be assured they were fit to work.

• However, the provider had systems to check on an ongoing basis whether people felt safe with staff and were comfortable receiving care from them. Feedback they received about this was positive. This helped to reduce any risk to people, although we still judged this as requiring improvement as it is a requirement to have this information on file.

We recommend 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.

• Staffing levels were based on people's needs. Office based staff told us they had flexibility within the staff team to add on extra hours if needed, including covering for staff absence. People's relatives told us there had been times when staff had stayed over their allotted time if people needed additional support for any reason on those days.

• Staff had enough time to spend with people and meet their needs, because there were sufficient staff to allow for this and staffing systems were deployed effectively. Staff told us they did not feel rushed. One person's relative told us, "They take their time with my [relative] and never rush anything."

• One person told us staff were often late and did not stay long enough or complete the cleaning tasks they were supposed to do. We discussed this with the registered manager, who explained the person's care package did not include all the tasks they wanted staff to do but they were doing work with the person to find other ways of meeting their needs. All of the other people and relatives we spoke with said they had not experienced problems with this. One relative told us, "They are on time and have never missed any calls." Others told us staff were usually on time but would always call and let them know if they were running late.

Assessing risk, safety monitoring and management

• At the time of the inspection we were not assured that all staff had the training they needed to keep people safe in emergency situations, although staff were able to describe what they would do in these circumstances. The provider's training records showed 15 out of 20 staff did not have up to date training in

basic life support and half had not received training in health and safety. Eight of the 20 staff required training in safe moving and handling. The provider had booked training dates for staff but this was not complete at the time of our inspection. The provider sent us evidence after the inspection showing this training had now been completed.

• People had individual risk assessments and staff knew how to access these. People and their relatives were involved in the risk assessment process and relatives described to us the action staff took to reduce particular risks, for example people choking or developing pressure ulcers. However, it was not always clear from records how specific risks relating to COVID-19 were being managed for people in vulnerable groups, although the registered manager and staff were able to describe how they were managing this for individuals. For example, they limited the number of people each member of staff provided care for, to reduce the risk of spreading the infection between people.

• Staff understood how to care for people safely and were confident the service did this well. For example, staff told us about the training they received in using moving and handling equipment to assist people and the provider was in the process of ensuring all staff had this training. People and relatives gave examples of how the service managed risk. One person's relative said they were impressed by how well the staff responded to their family member's behaviour that could be seen as challenging.

Systems and processes to safeguard people from the risk of abuse

• The service had appropriate systems and processes in place to safeguard people from the risk of abuse. People and relatives told us they felt safe with the care staff. One relative said, "My [relative] is safe with the carers as she trusts them. I keep an eye on what's happening and GN Care are very thorough." Another relative told us, "My [relative] is very safe with the carers. They are very gentle and always inform him before they do anything."

• People received care from staff who knew how to protect them from abuse. Staff were familiar with the relevant policies and procedures. They were able to describe different types of abuse and how to identify them.

Using medicines safely

• People received their medicines as prescribed. They told us they had experienced no issues with this. The provider carried out regular checks to make sure people received their medicines safely and had systems to enable them to act promptly if any doses were missed.

• We discussed with the registered manager a minor issue with some medicines records not being clear about exactly what medicines people took at what times. However, this was clearly recorded in their other care records and we were able to verify people received their medicines correctly. The provider was aware of this issue and was in the process of reviewing medicines records to bring them in line with guidance. We will check their progress with this at our next inspection.

• Staff were appropriately trained in handling and administering medicines. Staff were able to describe how to do this safely, including medicines prescribed only to be given when required.

Preventing and controlling infection

• We were assured that the provider was meeting shielding and social distancing rules. These were in place in the office as the provider had considered how to do this effectively in spite of the small size of the premises.

• We were assured that the provider was using PPE effectively and safely. People and relatives confirmed this was the case. One relative told us how the service safely and sensitively managed a situation where their family member was distressed by the sight of staff in masks. Staff told us the relevant procedures were clear, they understood the training they received and they had sufficient PPE to do their jobs safely.

• We were assured that the provider was accessing COVID-19 testing for people using the service and staff.

Staff confirmed they were receiving regular testing. One person's relative told us the service had arranged testing for them when they felt unwell.

• We were assured that the provider's infection prevention and control policy was up to date. People and their relatives told us about the infection control precautions staff always took and these were in line with the service's policy. The provider regularly discussed this with staff.

Learning lessons when things go wrong

• Staff knew how to report accidents and incidents. People and relatives told us staff did this immediately if anything went wrong, including reporting signs that people's health might be deteriorating or any signs of injury. This meant management and office staff had the information they needed to act on concerns quickly.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an inclusive and empowering culture that focused on working together to provide good outcomes for people. Staff and relatives told us the provider was supportive towards them as well as people who used the service. One relative told us about additional support the service offered them when they were unable to carry out their usual domestic tasks due to being incapacitated.
- Staff told us the registered manager was fair, proportionate and approachable in her approach. Staff said, "She's really good" and "She is extraordinarily professional, easy to talk to and empathetic." Relatives told us, "The manager is very committed and she listens to what I have to say" and, "The manager is lovely."

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

- Staff told us the registered manager was proactive about speaking openly and promptly with people when things went wrong.
- A relative told us, "I like the honesty of this company. It makes me trust them totally as they will admit when a mistake or problem has occurred."

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

- Managers and office staff communicated well with care staff to ensure they understood their roles and responsibilities. Staff told us they received regular updates about any changes in policy and thorough handovers if they were covering visits to people they would not normally work with.
- Staff understood their roles well. They told us the training and guidance they received was clear and told them all they needed to know. Office staff understood their responsibilities around confidentiality and data protection. One member of staff said they received an "exceptionally thorough" induction when they started.

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

- People and relatives told us they were pleased in general with the service provided by GN Care. One relative said, "I am very happy with the service. They are gold star compared to other companies."
- The provider involved people and kept them informed about their care. A relative told us although they lived some distance away, they were confident about the quality of care because "the office communicate"

well with me and keep me informed." Other relatives made similar comments about good communication.

• Staff felt well supported and listened to and told us they felt the service was well-led. They told us they had opportunities to feed back to management and raise any concerns they had. They had opportunities to share information and views at regular meetings, which were being held as virtual meetings during the pandemic.

Continuous learning and improving care

- There were systems to assess and improve the quality of the service. The provider regularly contacted people and their families to ask for feedback around a number of specific areas of care and to check if people were satisfied with the service or had any concerns. We viewed a sample of the feedback received over the last year and found it was positive.
- The provider carried out checks to make sure they were meeting standards and complying with guidance, and were in the process of improving their systems for this. For example, they had recently introduced audits of care files to ensure all the necessary documents were in place and records showed they acted promptly when issues were identified.
- There was an electronic system that allowed the provider to monitor all care visits and whether staff were on time and stayed in people's homes for the allotted period. Senior managers told us about plans to extend this system to enable them to monitor in real time whether care tasks such as medicines administration were completed.
- Where reviews of care indicated a need for improvements or changes in people's care, there was evidence the provider took prompt action to put this into effect.
- Records were clear and well-organised, which helped the service run effectively and efficiently. Relatives told us the service always kept good quality records.

Working in partnership with others

- A relative told us although the service worked well in partnership with another provider that delivered healthcare to their family member, the two services were working on improving systems for communication between them.
- The registered manager told us how they worked with healthcare providers and local authorities to ensure responsibilities were clear around ensuring all of people's health and social care needs were met.