

GMD Community Services Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 11 January 2018

Service provided by:
GMD Community Services

Service provider number:
SP2007009392

Care service number:
CS2007164062

About the service

GMD Community Services registered with the Care Inspectorate in August 2011 and became an active service from 2 April 2014. It is registered as a combined housing support and care at home service. This service supports a wide range of adults and older people.

The service's mission statement was -
'For all individuals to be given choice and control whilst maintaining independence and participation in how they wish their care to be delivered.'

At the time of inspection the service was providing care and support to 27 people.

What people told us

We received a total of five questionnaires as part of our inspection of the service. These were completed by people who use the service and/or their relatives. On reviewing these questionnaires we found that 100% of responders completing the question were overall happy with the quality of the service provided.

People who chose to comment in their response told us:-

"I am delighted with care package that GMD provides for my [relative]"

"[staff] well trained and polite in all things"

"They don't rush me and they get everything done"

"Over many years we have had many firms not one of them can match this service"

"Staff can be trusted to look after [relative] and keep them safe"

"Staff take me on the outing of my choice, doctors and dental appointments, they never rush and complete tasks without rushing me"

"We couldn't ask for better carers. The support and care given by them is second to none"

The level of high regard for the service shown in the comments people made in our questionnaires was repeated at the 6 visits to people we made as part of the inspection. People were very happy with the quality of the staff and how the service was managed. This gave us confidence that the service provided a good quality of support.

Self assessment

As there was no requirement for the service to provide a self-assessment for the inspection year 2017/18 we referred to a previously submitted version. We were satisfied with the way the provider had completed this and with the relevant information included in relation to the quality themes we were assessing.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

We found that the service staff provided a good quality of care with compassion, professionalism and with a sound value base. People we spoke to commended the service highly for its quality of care. It was clear staff had developed meaningful and reliable relationships with service users who received care from a consistent, reliable staff team.

We saw that staff received a thorough training programme that ensured they could provide sufficient care to support people's health and wellbeing needs. The training was provided through a combination of online and face to face training courses.

The staff members we spoke to told us they were in a cohesive team who ensured all visits took place on time and unforeseen circumstances were managed together. Visits were made punctually and no missed visits were apparent. This assured us people's visits took place in line with their needs.

After discussions with people being supported it was clear that staff were keen to know what people needed within their support and often went beyond agreed support levels to ensure people were comfortable and safe. We found staff attended regular supervision with management and took part in planned team meetings. We were satisfied that people's needs were being met.

We found the management team were supportive of staff and were always available to give sound advice when required, often covering tasks to allow staff to complete theirs and deal with any unforeseen events.

We saw evidence of joint service reviews taking place and people informed us the service would advocate on their behalf where difficulties or concerns arose. The service appeared to be good at engaging with the people it supported and managed their expectations and anxieties well at the point of referral.

People told us that any new staff involved in their service were introduced to them prior to their first lone visit. This meant people were always familiar with who was to provide care. People told us that staffing rotas were issued in advance of the service support visits to ensure people knew who was to support them.

What the service could do better

We saw that support plans and review records were often lacking in detail and key information about people's care needs and how people were to be supported with any medical conditions they may have. To ensure people's health needs are met information within these plans should be comprehensive, outcome-focused and personalised.

(See recommendation 1)

We found that some risk assessments we sampled were inaccurate and did not give staff clear, personalised guidance on how to prevent harm and manage risk effectively. These documents should be more focused, succinct and personalised to ensure specific and appropriate action can be taken by staff to reduce the risk of harms. It appeared staff communicated well with each other regarding people's care needs, however, this information should be replicated in updated, detailed plans and assessments..

(See recommendation 2)

Although we were confident people were getting the medication they needed the service policy and procedure should be brought into line with best practice. This should consider how people can be supported to

take their medication through prompting, assisting and administering when required. The service's medication support practice should be reviewed accordingly.

After discussion with management it was apparent that the service also needed to incorporate 'as required' medication protocols into their systems to ensure staff are supporting people to take this type of medication in line with their needs, medical guidance and best practice. We shared appropriate guidance with the service during the inspection.

(See recommendation 3)

We found the management audit system was unclear, although a tool was in place this should be reviewed and redesigned to ensure it is more effective. To ensure people's support is being properly provided the audit systems should clearly detail what was audited and actions taken to improve provision. The system should also ensure that all elements of support are consistently scrutinised on a regular basis for all the people being supported.

(See recommendation 4)

The audit process should specifically include regular audits of all medication support records. To keep people safe service management should regularly satisfy itself that medication support is being provided properly. It was suggested during inspection this audit could be done monthly.

(See recommendation 5)

We noted that although incidents and accidents had been dealt with appropriately some notifications had not been made to the Care Inspectorate as expected. We shared the notifications guidance document with the management team during the inspection. It is expected that in future all notifications are made in line with this guidance. This will be reviewed at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 5

1. The service should ensure its care plans are comprehensive in detail to ensure staff are aware of all conditions and have sufficient information to provide all elements of care and support needed. These plans and subsequent review documentation should be outcome-focused and person-centred.

National Care Standards. Care at Home. Standard 3 - Your personal plan, and, Standard 7 - Keeping well - healthcare.

2. The service should ensure that risk assessments are accurate, regularly reviewed and provide sufficient information to allow staff to reduce any identified risks of harm to people being supported.

National Care Standards. Care at Home. Standard 3 - Your personal plan, and, Standard 4 - Management and staffing

3. The service should review its medication policy and procedure to bring it into line with best practice. This should include, but not be limited to, effective assessment and recording of how people are to be supported with

medication through either, or, a combination of prompting, assisting or administering. The service should also introduce 'as required' medication protocols - agreed with health professionals - that clarify to staff precisely what to consider prior to the provision of this type of medication.

National Care Standards. Care at Home. Standard 4 - Management and staffing, and, Standard 8 - Keeping well-medication

4. The service should review its audit processes to ensure all aspects of the service are audited for all people being supported. It should evidence what was audited and detail any actions taken to improve.

National Care Standards. Care at Home. Standard 4 - Management and staffing

5. The service should ensure all medication support recordings are audited on a regular basis and improvements made where issues are identified.

National Care Standards. Care at Home. Standard 4 - Management and staffing and Standard 8 - Keeping well-medication

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
24 Nov 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
18 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
5 Dec 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings

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