Care Quality Commission

G & P Healthcare Limited

G&P Healthcare Ltd

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 30 June 2015 and 16 July 2015 and was announced. This was the first time we had inspected this service, which was registered with CQC in January 2014.

G&P Healthcare Ltd provides nurse-led care in people's own homes. Nurses assess people's needs, plan people's care and carry out regular visits to monitor people's needs and the care provided. Delivery of care is provided by care workers. At the time of our inspection the service was caring for 12 people, including three children.

At the time of our inspection there was a registered manager in place. 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.

All of the people we spoke with and their relatives were overwhelmingly positive when talking about the staff

Summary of findings

from the service. People told us they had built strong bonds with the staff who cared for them. More than one person we spoke with described staff as 'like a member of the family'. People described examples of how they felt staff attitude and actions showed they genuinely cared about them and their families.

People were fully involved with planning their care. Care records contained detailed information about people's wishes. Staff shadowed relatives to understand how people liked to be cared for and wrote care plans to reflect this personalised care. People and their relatives told us staff listened to them.

One of the owners, who was involved in the day to day running of the service, had experience working as a specialised end of life nurse. She told us she was passionate about providing excellent care to people at the end of their lives. Considerations had been made about staff training, approach and experience when selecting the team to support people at the end of their lives.

People told us they felt safe with staff from the service. Staff had undertaken training in recognising the signs of potential abuse and how to respond. Detailed safeguarding policies were in place for vulnerable adults and for children. Safeguarding records showed staff and the manager had been proactive in referring any concerns to the local safeguarding team.

Risks had been assessed and accidents and incidents had been monitored to reduce the likelihood of them reoccurring.

There were enough staff to meet people's needs. The manager told us the service had never missed a planned visit to a person's home. The people and relatives we spoke with confirmed this. Robust recruitment procedures had been followed.

Staff had undertaken training in a range of subjects through both online E learning and face to face practical training. Staff training dates were recorded and monitored to ensure any required updates or refresher training was received on time so staff skill and knowledge remained up to date. Staff received additional training in relation to people's specific needs and their skills were assessed to determine if they were competent to deliver the task safely.

Staff met regularly with their manager in supervision and appraisal meetings to discuss their performance, the care they delivered and development needs.

The manager was aware of the principles of the Mental Capacity Act 2005 (MCA) and was able to describe how these principles were adhered to in daily practice. Staff had undertaken training in MCA.

People's nutritional needs had been assessed and specific information provided about how to meet these needs. Food and fluids were monitored where necessary. Staff had undertaken training in food hygiene and safety and people spoke highly of the food they prepared.

People, relatives and a commissioner we spoke with told us the service was very responsive to people's needs.People's needs were assessed and the care plans put in place to meet these needs were specific and detailed. Care was reassessed regularly to ensure it was meeting individual needs.

People were encouraged to share their feedback. We saw very positive responses had been received following a survey of people and their relatives in April 2015. The results had been collated and analysed and the responses indicated people were completely satisfied with the care they received.

The service had not received any formal complaints in the previous 12 months, but had recorded and responded to any feedback people had shared with them.

People and their relative's told us the service was managed very well. The manager and provider shared with us their vision for the culture of the service, to create an open and transparent environment. All of the staff we spoke with told us they agreed this culture was in place.

A wide range of checks were carried out to monitor the quality of the service. These included audits, observations of staff conduct and gathering people and staff views on the service which was provided.

Staff told us they felt listened to and valued. Staff meetings were held regularly. Their feedback had been sought through a staff survey and the service fed back where staff had delivered good work through thank you cards and a recognition scheme.

Summary of findings

The manager told us people's views were integral to monitoring and improving the service. People had been invited to join a forum where they could comment on how the service was run and be involved in the future plans for it.

Care records were completed to a good standard and stored appropriately. People, relatives and staff told us they thought the service delivered on quality. The management of the service had been recognised with a Northumberland Business Award in November 2014.

Summary of findings

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 safe.

Staff had received training in safeguarding people from potential abuse and had access to policies and procedures detailing how they should respond.

There were enough staff to meet people's needs. Recruitment procedures were in place to check staff skills, experience and good character before they started working for the service.

Staff had undertaken training in administering medicines safely and their competence had been assessed.

Good

Is the service effective?
The service was effective.

Staff training was up to date. Staff received additional training in relation to people's specific needs.

The manager was aware of the principles of the Mental Capacity Act 2005.

People's nutritional needs had been assessed and their intake was monitored where necessary. Staff had undertaken training in food hygiene and safety.

Good

Is the service caring?
The service was caring.

People told us the staff who supported them were exceptionally caring. People described how they felt staff had gone the extra mile to provide them with excellent care.

People and their relatives had been involved in planning their care.

The manager had experience in end of life care. They told us about the systems in place to ensure people and their relatives received the best support possible at the end of their lives.

Outstanding

Is the service responsive?
The service was responsive.

Care records were detailed and clear. People's needs were assessed and care had been planned around those needs.

The provider encouraged people to share their feedback. People and their relatives had been sent satisfaction surveys to complete in April 2015. A complaints procedure was available.

Good

Is the service well-led?
The service was well-led.

People, relatives and commissioners spoke highly of the management of the service. They shared examples of how they felt they received an outstanding service.

Good

Summary of findings

Staff contributions were recognised and their feedback was sought through a range of ways, including meetings, surveys and a staff forum.

The service monitored the quality of the service it provided through audits, observation and gathering feedback from people who used the service. The management team had been recognised with a local business award.

G&P Healthcare Ltd

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.

This announced inspection was carried out on 30 June 2015 and 16 July 2015. The provider was given 48 hours' notice because the location provides care in people's own homes and we needed to be sure that someone would be available in the agency office.

The inspection was carried out by an inspector and a specialist advisor. Specialist advisors are clinicians and professionals who assist us with inspections. The specialist advisor on this inspection was a registered nurse with experience in leadership and management.

Before 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 any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted four clinical commissioning groups and the local authority safeguarding team. We also contacted the local Healthwatch team and a community psychiatric nurse who had worked alongside the agency about their views on the quality of the service provided. We used the information that they provided us with to inform the planning of this inspection.

At the time of our inspection 12 people were receiving care from the service including three children. The service provided us with contact numbers for people who used the service or where people were unable to speak with us, their relatives. We visited one person at their home on 16 July 2015, spoke with one person over the telephone, and one person answered our questions via email. We spoke over the telephone with three people's relatives to discuss their views of the service.

We were assisted on the inspection by the provider and the registered manager. In addition to their management roles, both the provider and registered manager worked within the service assessing and monitoring people's needs and planning care. We spoke with three care workers.

We looked at three people's care records, including their medicine administration records. We looked at five care workers and two nursing staff recruitment, training and supervision records. We reviewed a range of other records related to the management of the service.

Good

Is the service safe?

Our findings

All of the people and relatives we spoke with told us they felt they, or their relative, were safe when they were being cared for. One person said, "I do feel safe with the staff. They seem trustworthy." A relative of two children being cared for by the service said, "When it comes to your children you have to be 100% sure that everything is as it should be and above board. [Name of care worker] knows what she's doing and we can relax when she's here." We saw the service had received compliments from people who used the service in the form of emails or thank you cards. One compliment stated, "You have given me peace of mind knowing my [relative] is safe and in good hands. More importantly my [relative] is so very happy and content with her care."

We looked at the policies in place to provide staff with information about how to recognise any signs of potential abuse and how to respond in these situations. Staff had access to safeguarding policies for vulnerable adults and for children. These policies were detailed and included specific information about the types of abuse people may be at risk of. For example, the safeguarding children policy included information on 29 indicators of physical abuse, such as bruising in soft tissue areas, unexplained delay in seeking treatment and unexplained fractures in non-mobile children.

We spoke with three care workers who confirmed they had read these policies and undertaken training in safeguarding adults and children from potential abuse. Staff and the provider had been proactive in reporting concerns. Safeguarding records showed the provider had made two referrals where staff had raised concerns about how people were being treated.

Disciplinary records showed a concern about staff conduct had been responded to immediately. We saw an investigation had been carried out, the incident had been discussed with the local safeguarding team, and legal advice had been sought. Detailed records had been kept throughout. Staff told us they were aware of how to raise any concerns over staff practice. All the staff we spoke with said they thought any concerns raised with their manager would be taken very seriously.

Accidents and incidents were monitored to determine if staff had responded appropriately and to decide if any action was required to prevent accidents or incidents reoccurring. For example when one staff member had made a mistake administering medicine we saw they had been asked to complete a statement reflecting on the incident and any factors which may have impacted on their concentration. Steps had been taken to reduce the likelihood of the mistake happening again. Such as providing guidelines about where, in people's homes staff should prepare medicines, staff completing extra training and assessing staff competency in administering medicines.

Where people's safety or welfare was at risk, assessments were in place describing the actions staff were to take to reduce the possibility of harm. For example, risk assessments included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently. Assessments included information about when the risk should be reviewed. Review dates were between one to six months after the risk had been identified based on the specific risk and people's needs. Records showed these reviews were completed on time.

There were enough staff to meet people's needs. Rotas were planned on a weekly basis and staff were informed of their shifts a week in advance. The manager told us by giving staff a week's notice they had time to reallocate the schedule if staff were unable to fulfil the shifts they had been assigned. The manager told us the service had never missed a planned visit to a person's home. They said, "Our staff are very good. They let us know in good time if they can't make a call, and we can always rely on them to cover at short notice if we need them to." The nursing staff had also carried out visits to cover care workers if they were unavailable to work at short notice. People and relatives we spoke with confirmed that all of their planned visits had been attended by staff.

Contingency plans were in place to ensure visits could be carried out, in the case of poor weather or staff shortage. Considerations had been taken into account such as where staff lived and transport routes when allocating staff to work with people.

Before our inspection the Nursing and Midwifery Council (NMC) had informed us that a nurse employed by the service had practiced with lapsed registration. We spoke with the manager about this and they told us nurse registration was checked at least once every three months. They told us in this case they had noted when the nurse

Good

Is the service safe?

started working for the service that their registration was due for renewal. When their registration was again checked three months later they saw the registration had lapsed and the nurse was immediately suspended. The manager explained that the nurse had moved house and so had not received information about the lapsed registration. At the time of our inspection the nurse no longer worked for the service, but their registration had been renewed.

Following this incident the policy on checking nurse registration was amended to make it more robust. In addition to the three monthly checks, each nurse's registration renewal date was also recorded and an alert had been set up to their registration on this date, to ensure nurses did not practice with lapsed registration. We looked at two nursing staff's registration records and saw these had been checked within the last three months by the service.

We looked at five staff recruitment files. Robust recruitment procedures had been followed. Candidates had completed application forms and attended interviews before job offers had been made. Records showed candidates had been asked about their skills, knowledge and experiences and any gaps in employment had been explored. Checks had been undertaken through the Disclosure and Barring Service (DBS) to ensure that staff were suitable to work with vulnerable people and children. References had been sought from previous employers to confirm staff were of good character and had the necessary experiences to carry out their role.

Processes were in place so that medicines were administered appropriately. All staff had received training in the safe handling of medicines. Staff understanding and skills were assessed through knowledge tests and observations to ensure staff were competent in administering medicines. We looked at one person's medicine administration record and saw this had been fully completed. Staff had followed a coded system to record whether people had taken their medicines, or if they had refused, the reason why had been recorded. Care plans were in place for medicine's administration which described the medicine which people were prescribed, its purpose and information about how it was administered. For example, we saw information in one person's care record which stated, "I take my Parkinson's medication at very specific timings and if I miss a dose my mobility can be affected."

Good

Is the service effective?

Our findings

People we talked with spoke positively about staff knowledge and skills to meet their needs. One person said, “They're very experienced, kind and thoughtful. Many are married with children and grandchildren, they bring that wealth of experience to my home.” One relative said, “The staff are well trained. [My relative] has very complex needs, but I have seen staff with them and know that they know what to do.” Another relative said, “We’ve dealt with a few companies in the past. I think these are the one with the best trained staff.”

We viewed the staff training matrix for all of the staff working at the service. The registered manager told us there was a core training package which all staff completed including E learning modules on a range of subjects, such as health and safety, end of life care, mental capacity and safeguarding, as well as face to face training in moving and handling and medicines management and administration. We saw all staff had undertaken this core training package and the dates of each module was recorded and monitored to ensure any updates or refresher training was delivered on time.

Training for the three nurses who worked at the service was up to date. To maintain their Nursing and Midwifery Council (NMC) registration the nursing staff needed to undertake at least 35 hours of learning activity relevant to their practice every three years. We saw within the last six months nursing staff had attended training in home ventilation, Laryngectomy, Tracheostomy and Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes. The service worked alongside a paediatric nurse who they employed on a consultancy basis whenever they were referred a child with complex needs. We saw the paediatric nurse had undertaken assessments and worked with the nursing staff from the service to write children’s plans of care.

In addition to the core training modules care workers had undertaken training specific to the needs of the people they supported. Nursing staff and outside training agencies provided this face to face training. For example care workers supporting one person with complex needs had received practical training in PEG feeding tubes, suction and administration of oxygen. This training was delivered both within a classroom environment using specialised training equipment and manikins, and within the person’s home to ensure staff were competent to provide this care to the person’s individual needs. This practical training included an assessment of staff competency covering staff knowledge and skills, before staff were signed off as being able to perform tasks safely.

The manager told us training in PEG feeding tubes, ventilators and tracheostomies was carried out on an individual basis for each person who was supported. They told us even if staff had previously undertaken this training, it would be repeated both in the classroom and in the person’s own home for each person, to ensure staff were competent in meeting their individual needs.

Newly employed staff were required to complete the E learning core training package before they attended induction for the service. Induction was delivered by the registered manager and included information on what was expected of staff, the company beliefs, visions and important policies and procedures. Practical training was delivered during induction in medicines management and reporting in care records.

New employees and experienced staff who started providing care to a person they had not supported before, shadowed other staff delivering care. Staff, people who used the service and relatives told us this was important to ensure staff knew how to care for people properly. One person said, “I met the staff before they started visiting properly. I’m asked if I like them and I’m comfortable with them to make sure I’m happy with any new staff who work with me.” A member of staff said, “Each time I’ve started working with a new client I’ve done a shadow shift. Everyone does, whether they’re new or regular staff. I’ve found the training and support to be very thorough. I’ve worked in this sector for a long time and this is one of the best companies. They go through the person’s needs and their care plan and make sure you know what you’re doing before you care for them by yourself. It’s not rushed.”

Records showed, and staff discussions confirmed, that staff met with their manager on a regular basis in supervision sessions. Supervision sessions included discussions on people’s needs, any observations which had been carried out and how staff felt things were going. Supervision sessions were planned in advance on a yearly planner. All staff who had worked at the service for a year had attended an appraisal where their performance and development needs were discussed.

Good

Is the service effective?

The manager was aware of the principles of the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions related to specific areas of care, the MCA legislation protects people to ensure that decision making about these areas is made in people's 'best interests' in the form of best interest discussions. The manager told us a best interests decision had been made by one person's GP with family input, that the person should receive their medication covertly. This means at times when the person had refused their medicines it would be mixed in a drink and the person would not be told it contained medicine. A mental capacity assessment and best interest documentation had been completed. The registered manager was aware that assessments were decision specific and said, "Just because they're deemed as not having capacity for a particular decision, you can still have input in your care. We assume that everyone has capacity until deemed otherwise. Whilst one person has been assessed as needing covert medicines, they still have capacity for other choices. They are able to make decisions about the clothes they like or what they want to eat."

The manager was aware of safeguards which needed to be in place if a person was to be deprived of their liberty to keep them safe. They told us none of the people they supported had restrictions on their movement, but were aware if they did support people with these needs that authorisation needed to be granted by the Court of Protection.

People's nutritional needs had been assessed. Where people were identified as being at risk of malnutrition, referrals had been made to the dietitian and speech and language therapist for specialist advice. Clear instructions had been provided within care plans about how they should safely support people to eat. For example, one person's care plan stated, "Staff will need to assist me with meals and drinks. I need staff to feed me with thin soups, but other meals I can feed myself. Staff need to stay with me while I am eating to ensure I am coping. I can manage to take drinks if placed through a straw in front of me." Where people had been assessed as requiring their food and fluid intake to be monitored, specific targets had been set and staff recorded intakes in addition to assessing if any action needed to be taken where targets had not been met. Staff had undertaken food hygiene and safety training.

Is the service caring?

Our findings

All of the people we spoke with and their relatives were overwhelmingly positive when talking about the staff from the service. People told us they enjoyed good relationships with staff and that they were very caring. People told us staff went beyond the call of duty to care for them. One person said, "The staff take my washing to their homes, as I don't have a dryer. They buy me Birthday presents and Christmas presents." They told us about a care worker accompanying them to hospital when they were admitted, and said, "She stayed the whole night, she's a wife, mother and grandmother, yet stayed. I was overwhelmed, such kindness!"

One relative whose two children were cared for told us they had developed a strong bond with staff. They said, "[Child's name] gets very attached to people. He's at the stage now where he knows he needs people to be with him. If we leave the room he can get really upset, but he's not like that with [Staff's name], he's comfortable with her. You can tell that the kids enjoy seeing [Staff's name]." They continued, "The kids have a good relationship with [Staff's name] and she really cares. When [Child's name] was blue lighted into hospital we told G&P so they would know they didn't need to visit. When [Staff's name] found out she was straight on the phone to check he was okay. She really cares. It's her job but you can tell it's genuine."

Another relative told us about the relationship staff had with them and their relative. They said, "From my point of view the care we get from staff is outstanding. They can't do enough for you. They're like a part of the family now. We all get a lot out of when they are here."

Staff told us they enjoyed caring for people and that they tried to go the extra mile to care for people as best as they could. One staff member said, "We spend a long time with clients so we get to know what they like and do whatever we can for them. I know that staff will bring in food from home that they think people will enjoy. Or bring in a film that the client would be interested in and watch it together. It's all very personable. Staff seem to quite good at building a really quick rapport with people. The manager told us about one member of staff who was a keen baker. She told us the staff member regularly baked pies and meals for one person whilst they cared for them overnight. These prepared meals were frozen and defrosted at a later date so the person could regularly enjoy homemade food. This staff member also enjoyed baking cakes and often gave these to people they cared for. We saw recorded in one person's care review their feedback had been recorded stating, "I really enjoy all the food I have cooked for me by staff, particularly the baking."

We saw the service had received positive feedback from people who used the service and their relatives through thank you cards and responses to a satisfaction questionnaire in April 2015. We reviewed the results of the questionnaire and all of the responses regarding staff were positive. Comments from the returned questionnaires included; "My core staff [Staff's name] and [Staff's name] are amazing, they are so caring and understanding. In such a short time they have both got to know me, better than I know myself. Thanks you for allowing me to have them," and "A massive thank you!!! I'm so happy to have such a kind, caring, professional care team. I trust [Manager's name] with my life. Thank you so much [Manager's name]. You care and believe."

People were included in planning their care. Throughout care plans people's views and preferences had been recorded and contained information about their life histories. People's wishes for how they wanted to be cared for had been recorded throughout their care plans which were written from the person's point of view. For example, one person's care plan stated, "I enjoy outings out when I feel up to it and will decide on the day where I feel like going. I am a sociable person and enjoy conversation, but can tire really easily and like to have regular naps in my chair in the lounge." Another person's care plan entry stated, "I spend a lot of time using my laptop and staff need to get this into position for me." This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

One person told us how they had created their own communication record, which was stored in the care records, explaining in their own words how they expressed themselves. One relative said, "Staff came and shadowed us delivering care. The majority of what went into the care plan came from those shadowing sessions. The care is exactly what we wanted basically because they were led by us and we were involved every step of the way."

People or their relatives had been asked to sign a document which stated they had received important information about the service and their individual care.

Outstanding ☆

Is the service caring?

People had signed to say they had been given a service user guide which detailed what they should expect from the service and the complaints policy. The document also asked that people sign to show their agreement and understanding of the assessments carried out and care plans which were in place.

One of the owners, listed as the nominated individual for the service and involved in its day to day operation, told us she had worked as a specialist palliative nurse for a hospice and therefore had experience in end of life care. Whilst working with the hospice she had received training in communication particularly around expectations and supporting people and their families during a distressing time. She had also undertaken training in spirituality. The service had supported 25 people at the end of their lives within the previous 12 months. The nominated individual carried out all of the assessments for end of life care. These referrals were responded to immediately and a short term care plan was developed and a team of staff assigned to care for the person. The nominated individual told us these teams were made up of staff who had been specifically chosen for end of life care, "Staff who we know have had the experience and necessary personal skills. Staff have been trained the way that I was; to act very quickly in making sure people get the pain medicines they need; to know the signs when people are deteriorating so they can alert family and help them through it; about dignity in death and explaining to family about what will happen next. We try to cover everything in the assessment so we can take care of what we need to when it really matters. We'll ask during the assessment if the family want staff to contact the undertaker and they'll always call the district nurse and GP." They told us that they provided extra support to staff who were involved in these end of life teams. Families were offered bereavement counselling at the time of the death and the service always scheduled to get in touch with families afterwards to offer support.

Families of people who had been cared for at the end of their life, had given their feedback about the service through questionnaires. Comments included, "We wish to express as a family our heartfelt thanks at your company's care and kindness of our [relative]. She was given respect, dignity and the compassion she deserved in her final days. The treatment she was given was as though she were a member of each carer's own family. They not only nursed [relative] but they considered our [other relative] and other family members though this difficult time which was above and beyond our expectations. This is a lasting memory for us and for it to be so positive means a lot. We would not hesitate to recommend this company to anyone and feel this is a perfect example of the definition of care" and "My [relative] has been receiving palliative care at home from yourselves for just over a month now and I feel I must write to you both to express my appreciation for the wonderful dedicated and professional care delivered by your workers."

Good

Is the service responsive?

Our findings

People and their relatives told us that their needs were well met by the service. One person said, "They do a good job. They know me and they know what they need to do. I have no complaints." A relative told us, "They definitely meet [Relative's name] needs. They've had lots of training, they are very experienced and they know [Relative's name] so well. They anticipate what he'll do next and what he needs from them so it's all very smooth." Another relative said, "The staff do a nightshift for us. It means we can get some rest. Our body is trained to wake up now, so it's not a full night sleep, but when [Staff's name] is here we can go straight back to sleep. We know that she knows what to do. She understands what they need and is able to look after [Relative's name] brilliantly."

We spoke with a commissioner of the service from a local clinical commissioning group. They said, "I can confirm that the service received from them has been exceptionally good. They have always been caring and understanding towards individuals and their changing needs and professional in all their responses." They continued, "I would like to say that it is a pleasure working with G&P."

We looked at three people's care records. Care records were detailed and gave a good overview of people's individual needs and how they required assistance. A range of assessments had been carried out to determine people's individual needs. People's care was managed by the nurses within the service. This meant they carried out the assessments, planned people's care and monitored the way care was delivered according to people's changing needs. Assessments were used to design plans of care for people's daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans were detailed and provided clear guidance for staff about how to support each person with their specific needs. For example, one person's mobility care plan had information about transferring them in a hoist, broken down into steps, including the angle their head rest should be placed at. Another person had detailed instructions about helping the person to use a stand aid, a visual step by step guide had been included so all staff were aware of the correct procedure. People's communication care plans were equally detailed. One person's care plan stated, "Request that staff communicate all my care interventions prior to performing them, to prevent me getting anxious/stressed." Another stated, "I need to take time when having a conversation and I can become breathless when mobilising." This meant all staff had specific information about how to support people, to enable continuity of care.

All staff involved in people's care had signed a record to show they had read the care management plans, risk assessments and understood how they needed to care for the person.

People's care needs and plans of care were reviewed on a regular basis. The frequency of these reviews was personalised to people's requirements based on individual needs. We saw care plans had been reviewed at least monthly, but often more frequently if people's needs had changed. Assessments of people's needs, such as mobility, nutrition and health needs, were reviewed from one to six monthly depending on the assessment type. We saw the date of review was set at the initial assessment and reviews had always been undertaken on time. People and their relatives were included in reviews. Their comments and feedback were recorded within assessment and care plan reviews.

In addition to formal reviews people told us the service was very responsive to any changes or amendments they may want to make. One person told us they sometimes cancelled their visits if their relative was going to visit. They told us this request was dealt with by the office staff and it had not been a problem. The nursing staff from the service visited people regularly to monitor people's needs and discuss the care which was provided. One person said, "The nurse will visit to check things are as they should be and that I'm doing well." A relative said, "We'll see [Nurse's name] at least once a month, probably a bit more than that actually. They check things are going well and ask me if we're getting what we need."

The people and relatives we spoke with told us care was delivered by a small team of staff or an individual staff member. They said this was a real benefit as they felt the staff were able to get to know them well. Plus they knew who would be attending all of their visits and were informed if their scheduled staff member had to be changed. We were told the service was reliable and that staff arrived on time. One relative said, "We've never had any problems with staff. Most of them are early. They'll usually arrive 10 or 15 minutes before their start time and they never leave early either. If everything has been done at the end of the shift I might say, 'Get yourself away now'

Good

Is the service responsive?

when there is half an hour of the shift to go and I'm fine to take over, but they never do. They stay to the end." Another relative said, "[Staff's name] is really good for time keeping and she's dead reliable."

People were encouraged to share their experiences of the service. Satisfaction surveys had been sent to people who used the service and their relatives in April 2015. Eight of the 11 surveys sent to people and their relatives had been returned. People had been asked if they were satisfied with the care the service provided and for their views on how it could be improved. We viewed the individual responses and the collated and analysed results and saw the response was very positive. All of the respondents had selected the response 'excellent' in questions regarding staff punctuality, appearance, professionalism, communication and caring skills. All of the respondents responded 'definitely' when asked how likely they were to recommend G&P Healthcare.

We reviewed the complaints and compliments records. The service had not received any formal complaints in the 12 months before our visit. However, we saw that feedback received from people had been recorded, responded to and actions had been put in place to improve the service. For example, we saw one person had contacted the service to explain that they had run out of some personal protective equipment (PPE). They also fedback that they thought it would be useful for newer staff to work alongside more experienced staff when two care staff were attending a visit. We saw the manager had responded with a letter, thanking the person for their feedback and detailing actions which had been identified to make improvements. A new process had been put in place to monitor the levels of PPE in people's homes and to replenish stock and attention would be given by the care coordinator with consideration to skill mix when staff were assigned to double up visits. This showed the service encouraged and responded to people's feedback. The service had received five compliments within the previous 12 months.

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Our findings

The service was jointly owned by two nurses who were involved with the day to day running of the service. One of the owners was the registered manager, and the other was the nominated individual for the provider. Both the registered manager and nominated individual were in attendance during our inspection and assisted us with our enquiries.

Both of the owners had experience in nursing and management in other organisations prior to setting up the company. The registered manager had 30 years clinical experience. The nominated individual had nine years clinical experience and had undertaken a year long management training scheme within a healthcare organisation. The owners had worked alongside a North East Enterprise Agency which provided business support, advice on leadership and help to start up and grow their businesses. The manager and provider regularly met with their business advisor to discuss the development of the business.

People and their relatives were positive in their feedback about the manager and the provider. One relative whose child was cared for by the service said, "I think the management are excellent. They are very open and willing to work with us as parents. We have worked with many companies now and these have been better than all of the rest." A person who used the service said, "It's run well. I met the manager and she seems to have a good grip on things." A continuing healthcare case manager told us, "I have lots of respect for G&P and find them very professional and helpful. They appear to train and treat their staff well and this is reflected in the service which is delivered to users. The office based staff are well informed and professional as are the managers/owners."

Processes were in place to keep up to date with research and best practice. One nurse employed by the service regularly worked with the NHS, and the paediatric nurse contracted by the service was an NHS employee. Best practice, care delivery and any incidents were discussed by the nursing team at regular clinical team meetings. The service received updates from various information bodies on clinical updates, guidelines and medicine alerts. The agency was a member of the Home Care Council which advises on current legislation in Home Care.

The manager and provider told us about the culture they aimed to achieve. They said "The culture is one of complete openness, transparency and respect along with some good humour. We lead the service through being role models and mentors and striving that we are all one big team and never a 'them and us' culture which only serves to demoralise staff which can affect levels of care." We asked the staff we spoke with if they would agree with this statement about the culture of the service, they all replied in agreement. One staff member said, "Yeah I do agree with that. They are constantly reinforcing that we are one big team that we don't need to be worried to report anything. That the most important thing is feeding back any concerns and being honest about the way the service is run. They seem to evolve with the team and with clients. It's managed really well."

Staff we spoke with told us they felt valued and listened to. One member of staff said, "Yeah I feel quite important and a valued member of the team. As a main carer for one client they asked me to attend a meeting with loads of other people. Their care manager and psychologists and people like that. The service wanted me to go as I'm one of the people who know the client the best. I was asked my opinion and it felt like it really mattered. I think carers sometime are looked down on, but I don't feel like that in this job."

A wide range of audits and checks were carried out to monitor the quality of the service provided. Formal systems which included audits, observation and gathering feedback were in place to assess the standard of staff conduct, record keeping and quality of care to ensure they met the high standards set by the service.

All care records were checked by the nursing staff on a monthly basis to monitor that information had been recorded properly and that records were up to date and accurate. Staff conduct and practice was assessed and discussed on a regular basis. Observations, carried out by nurses were thorough assessments of staff's working practice, including appearance, interactions with people who used the service, and knowledge of care plans. These observations were carried out where care was being delivered, in people's homes. We saw people's feedback was an important part of the observation. People had been asked their views on the staff member, the service they received and for improvements which could be made to their care package. Detailed records of staff observations

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had been kept, staff had received feedback about their performance which was linked to supervision sessions, and any action required, such as additional training or supervision sessions had been planned. Records had also been kept of staff spot checks, which were short unannounced observations to monitor the reliability of the service. Spot checks monitored the time that staff arrived and left their visits, were dressed appropriately and were wearing ID badges.

Staff feedback was integral to the quality monitoring within the service. Their views on the quality of the service which was provided was canvassed in a number of different ways. The manager told us, "We know that to continually improve, we need the support of everyone involved with G&P Healthcare and we know that we can go home at night knowing that we have done the best job possible and our clients are safe and our staff feel supported and respected."

Staff had been asked their opinions on both staffing issues and the quality of care the service delivered through a staff survey. Over 75% of staff within the service had responded to the survey, and the results had been analysed and shared with staff during a staff meeting. Feedback had been extremely positive. An action point from the staff survey was to introduce a staff forum, to provide staff with a portal to discuss their views and improvements they wished to make. Staff forum members were nominated by their peers to represent them and were responsible for taking forward ideas from the whole staff team. The manager told us, "We thought it would be good idea so they have more of a voice on the company. We value their input into how we run the business." Staff meetings were held regularly, and a staff newsletter was distributed monthly to share information, success stories and good practice with staff.

Staff contributions were recognised through sharing compliments and awarding a team of the month. All compliments which were received were recorded within supervision records, staff received thank you card from the owners when a job had been done well and the service had recently introduced a recognition scheme known as 'Employee Team of the Quarter' in which each team which supported a person who used the service was eligible to win rewards such as vouchers. The winning team was decided on by collating feedback from people who used the service, auditing records to monitor staff performance and staff communication and flexibility.

The provider had recently opened an agency in Derby. The provider told us "We have aspirations to be the preferred provider for adult and children's complex care in the regions we currently support. We do not really think about the size of the service, but more about the quality of the service we are able to provide." She told us people's feedback was paramount in any future plans or development for the service and therefore they had recently set up a client and family forum to gather people's views and discuss improvements. The purpose of the forum was to give people and their relatives and friends a greater voice within G&P Healthcare, to enabling them to be more involved and be part of shaping the service. The forum also gave people a chance to meet other people who used the service. Lunch and transport to the venue was provided by the service. One of the relatives we spoke with told us they would be joining the forum they said, "I think it's a great idea. I definitely want to be involved. We've got a lot out of the service so I'd like to be able to give something back."

During our inspection we viewed a range of care and management related records. These were completed to a high standard. All records were named, dated and stored appropriately. Care records were concise and well managed covering a range of areas such as basic care, hygiene, continence, mobility, nutrition and medication.

People told us they received a high quality service. One person said, "The carers are excellent. I couldn't ask for more." A relative said, "It's top notch. I'm in touch with lots of other parents who are in a similar position to me. We talk about the packages we have and the care we receive. I know out of all of the other people I speak to that I've got one of the best services. I'm involved; they're reliable, flexible to my needs and overall absolutely brilliant. I recommend them to everyone."

One member of staff said, "I can't rate them enough as employers, it's a really good company to work for. Care delivery is outstanding too. I really feel like everyone does really care. Some places I've worked it's just a job and at the end of the day it's all about finishing to go home, but that's not the case here. People put in extra hours, it's so hands on, everyone works together to create something really special." Another staff member said, "It's outstanding overall. Both of the directors are from a nursing background so they are very aware of individual needs to

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tailor care packages accordingly. They know the challenges that staff might come across, so they have a very open forum, they will welcome any phone calls from staff. You are never on your own."

The management of the service had been recognised through a Northumberland Business Award in November 2014. The manager told us they were very proud of it, as the judging had consisted of speaking with people who used the service, staff, care managers and commissioners. They said, "We are proud of what we have achieved without compromising on our vision, ethos and morals. We are proud that our staff share our vision and winning the award was testament to the entire team, of the work and trust they have placed in G&P Healthcare."