

GMD Community Services Housing Support Service

Unit 50 Fountain Business Centre
Ellis Street
Coatbridge
ML5 3AA

Telephone: 01236 426 892

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Unannounced

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Service provided by:
GMD Community Services

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CS2007164062

About the service

GMD Community Services provide housing and community support services to people who live within South Lanarkshire.

Their aim is 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, 48 people were using the service.

About the inspection

This was an unannounced inspection which took place on 26 and 27 July 23. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with five people using the service and one of their relatives
- Telephoned five relatives of people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with three visiting professionals.

Key messages

- People were very happy with their care and support.
- The staff team supported positive outcomes for people by liaising with external agencies and listening to family members.
- The manager needed to implement a complaints tracker to evidence that they had managed complaints effectively.
- Staff should undertake further training in supporting people living with dementia.
- Additional fire awareness training was also needed to ensure people were safe and staff had the right skills to support them.
- Relatives spoke positively about the service.
- Quality assurance needed to be better, to ensure that audits, feedback and scrutiny lead to the improvements identified.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were very happy their care. They told us; "the service is excellent," "The staff are brilliant. Everyone is great, so friendly" and "Without them I don't know where I'd be." Positive interactions were observed between people and staff. It was evident that staff had taken time to establish relationships with people based on their preferences. People had also known who to contact if they had any comments or concerns. People's care had been provided in line with their wishes and preferences.

Care plans were in digital and paper format. People had paper formats of their care plan. Care plans were individualised and detailed people's health and wellbeing needs. People's outcomes were clear with information about how the service was going to support these. Consent forms had been put in place where people required support with aspects of their care such as medication and finance. Risk assessments were also in place to keep people safe. However, there was no staff signatures on risk assessments to say that staff had read over and understood. This was discussed with the management team who have assured they will action this immediately.

Relatives spoke positively about the service. They told us; "100% very good, very caring service", "service is excellent. No complaints." and "I feel they go that extra mile." This assured us that the service had taken time to build relationships and work with families to improve outcomes for people.

The service had gathered feedback about people's care experience. They had received feedback from 13 of 48 people who had used the service at the beginning of the year. From the responses received, the results were very positive. People had been very happy with their care and support.

There was really good information about people's health within handovers. Staff had access to people's care notes digitally prior to commencing visits. Staff had their own mobile phone which they used to access information. Access to care plans was timed around visits. This ensured staff were aware of any aspects of care that required attention during their visits. However, notes about people's wellbeing could be expanded upon to show that staff's focus had not just been on completion of care tasks. This would evidence the positive staff impact that people told us about when staff had visited.

Staff had been responsive to changes around people's health and wellbeing and knew who to contact for specialist support. All external advice the service had sourced from outside agencies had been acted upon and recorded. External professionals had spoken positively about working with the service. This assured us that meeting people's health and wellbeing was the focus of the service.

Reviews were six monthly and concentrated on what had worked well and what had not worked so well for people. Minutes of review meetings were within care plans and available to people. Some review minutes were more detailed than others however people had read over the record of their meeting and had signed. This would indicate that they were happy with the review meeting minutes. Although actions had been discussed within people's reviews, there was not an agreed action plan. There is a risk that agreed actions could be missed if they have not been highlighted within record of review. This was discussed with the manager and they will ensure any agreed actions at reviews are recorded.

Information about who can make decisions on people's behalf was detailed within people's care plans. Legal documentation was included that detailed who could make decisions on behalf of people and what decisions they could make. This meant that everyone knew who was entitled to make decisions on behalf of people who were unable to.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management had a good overview of the service including any health concerns that people had. There was good communication about people's health and wellbeing needs. Information about people's needs, was shared verbally and recorded within the digital care plan system. The service also had an on-call system to support staff out of hours should they require advice regarding people's needs. Meetings had also happened regularly which meant that the management team were alert to people's changing needs. This ensured all communication channels were effective.

Staff felt happy and supported within their roles. Staff had clear points of contact should they require guidance. Staff supervision had taken place regularly which had given staff the opportunity to reflect on their practice. Each staff member had a development plan based on their work role. Training had been completed either face to face or online. This means that staff had been supported to gain the right knowledge and skills to support people.

Staff had completed dementia awareness training, but we expect staff working daily with people to be trained at dementia skilled level. This would give them the additional skills and knowledge to support people who live with dementia in alignment with the *promoting excellence framework*. This was discussed at feedback and the manager has assured us that they will action. Several staff had not yet completed fire awareness training. This is another topic of training we would expect staff to have completed (see area for improvement 1).

All accidents, incidents and complaints within the service had been responded to. There was a robust system in place for the reporting and recording of incidents and accidents. Supervisors had met with staff post incident and created an action plan to support staff learning. There had been a few medication errors where action plans had been created for staff to prevent any reoccurrence. A complaint that had been resolved, had not been imported on to a tracker. Therefore, there was no clear timeline of actions and information about what the service had done to achieve resolution (see area for improvement 2).

Quality assurance audits had not been completed. This had been identified by the service within their development plan. The service had a plan to re-introduce quality assurance audits on aspects of care such as medication and finance. However, spot checks and assessments of staff practice had happened which assured us that supervisors had carried out areas of quality assurance. Scrutiny and quality assurance should be consistent and effective to show that outcomes for people have improved.

The service had implemented a new development plan and had started a self-assessment exercise on how well they thought they were doing. Both plans were detailed, SMART (specific, measurable, achievable, realistic and timely) focused and did link together. However, these had not yet been formally reviewed. This was discussed with management who expected the plan to be fully reviewed within the next month. We were confident this would happen.

Areas for improvement

1. To improve people's health and wellbeing, the provider should ensure that staff access training appropriate to their role and apply their training into practice. This should include, dementia skilled and fire safety awareness training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant guidance and best practice' (HSCS 4.11).

2. To continue to improve the care experience for people, the manager needs to implement a complaints tracker to evidence that complaints are managed effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6)

This area for improvement was made on 20 March 2020.

Action taken since then

Detailed risk assessments were in place for each person. All risk assessments were updated when required and reviewed six monthly. The risk assessment template contained a pre-assessment of what risks were for people. For instance, was the person at risk of injury from slips or falls. Pre-assessment information would then form the risk assessment. However, measurement of the impact and severity of risk was not clear.

Despite this, there was detailed actions within this document of how to safely support people. This was discussed with the management team who had been trialling a new risk assessment template as they had identified their current risk assessment needed to be better and had started to make improvements. We were confident that this would be actioned.

This area for improvement has now been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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