

Grace Homecare LTD

Grace Homecare LTD

Inspection report

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Leeds
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Date of inspection visit:
25 February 2020
02 March 2020
03 March 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grace Homecare LTD is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people and younger adults. At the time of inspection, the service was providing personal care to 71 people.

People's experience of using this service and what we found

Medicines were not managed safely. The registered manager and provider acted at the time of the inspection to improve medicines records and the policy and procedure regarding safe management of medicines. However, the new records had not been fully introduced and staff were yet to be provided with training in their use.

Quality assurance processes were not robust enough. They had not been effective in identifying concerns found during this inspection relating to medicines, risk, training and care planning. Policies and procedures were not always up to date to reflect good practice guidance.

Staff did not always receive relevant training as identified by the provider's policies. We have made a recommendation about staff training. Records did not clearly show how risk was managed. We have made a recommendation about the safe management of risk.

People said the care and support provided was safe. The provider had systems in place for responding to allegations of abuse. Overall, staff were knowledgeable about their responsibility in this area. Some staff were not aware of how to report concerns outside of the agency. Staff recruitment checks ensured staff were suitable to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in making decisions about their care and support needs. Staff showed a good awareness of respecting people's choices and ensuring they had people's consent to care.

People received care from staff who were kind, and who respected their privacy and dignity. People's independence was also encouraged. People or their relatives contributed in planning their care and knew how to raise any concerns they may have. Care records were not always detailed or up to date. We have made a recommendation about care plans.

People and staff spoke positively about the registered manager and provider and told us they found them approachable. The provider and registered manager worked with other agencies to ensure people received the appropriate care and support. This included health professionals.

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

Rating at last inspection

The last rating for this service was good (published 27 July 2017).

Why we inspected

This was a planned inspection.

Follow up

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grace Homecare LTD

Detailed findings

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.

Inspection team

This inspection was undertaken by one inspector 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they 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 short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 February 2020 and ended on 3 March 2020. We visited the office location on 25 February 2020 and 3 March 2020.

What we did before inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our 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.

During the inspection

We spoke with six people and one relative. We also spoke with seven members of staff, the registered manager and the nominated individual, both of whom provide care and support to people as part of the staff team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed six people's care records, policies and procedures, records relating to the management of the service, including recruitment records and quality checks.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. These included policies and procedures and training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Using medicines safely

- Medicines were not managed safely and in line with NICE guidance for managing medicines in the community. We could not be sure people received the right support at the right time or in accordance with the prescriber's instructions as records did not show the support given for people's individual medicines. Medicines risk assessments completed, did not consistently describe the support people needed with their medicines.
- Most staff described safe medicines administration practice and said they had completed safe management of medicines training. However, one member of staff said they would not report a missed dose of pain relief as they did not think this was too important.
- Care plans did not include information about people's medicines and any special instructions such as how to administer eye drops or prescribed creams. Systems to ensure the correct information was recorded on medicines administration records (MARs) were not effective and did not include important information such as the formulation and strength of every medicine administered, allergies and people's date of birth.
- The medicines management policy was undated and did not reflect current national guidance and best practice.

Medicines management systems in place were not effective and did not protect people from the risk of unsafe administration of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager responded to our concerns during the inspection. A new MAR and medicines risk assessment was introduced. The medicines policy was updated, and arrangements were made to ensure records of people's medicines were in the care records. The new records had not been fully introduced or embedded in the service. Staff were yet to be provided with training in their use.

Assessing risk, safety monitoring and management

- The service carried out risk assessments to identify any risks to people and to the staff providing their care and support. These were not always robust as they lacked important information and detail. For example, two people had risks associated with aspiration or choking and there were no detailed management plans for how this was managed. The registered manager reviewed these records and put a more detailed risk assessment in place, during the inspection. However, the management plans still did not give full and clear guidance on how these risks were to be managed or reduced. Following the inspection, the registered manager provided these.

We recommend the provider ensures risk assessments and management plans are kept under review to ensure risk is consistently managed safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood their role in protecting people from abuse and most had received training on safeguarding adults. Some staff were not aware of how to report concerns outside of the agency. The safeguarding and whistle-blowing policies did not include contact details. The registered manager updated this during our inspection and informed staff.
- The registered manager and provider understood how to raise safeguarding concerns with the local authority. However, they did not maintain an overview record of safeguarding concerns raised or reported. The registered manager agreed to introduce this to ensure learning from patterns and trends could be identified and recorded.
- People told us they received safe support and felt safe with the staff. One person said, "I feel safe and listened to."
- The registered manager was responsive to making adjustments to improve the delivery of the service so it could improve.

Preventing and controlling infection

- There was a policy in place to manage infection prevention and control. However, this was out of date and did not reflect current good practice guidance. During the inspection, the provider introduced an up to date policy.
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Most staff had completed training in infection prevention and control. Overall, people told us staff's hygiene practice was good and they used their PPE when caring for them. However, one person said, "Have to keep an eye on one on the hygiene side, [staff member] does not wash things up properly."

Staffing and recruitment

- People told us staff arrived on time and stayed their allocated time.
- The provider's recruitment processes were safe. These included checks on people's suitability to work with vulnerable people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Most people told us staff had the right skills, experience and knowledge. However, one person said they thought staff would benefit from more shadowing (working alongside an experienced member of staff) to get to know their needs better. Another person told us they sometimes had difficulty understanding staff's communication.
- Staff said they received effective training and induction which enabled them to carry out their roles. One member of staff said, "I found the on-line training very informative and got 100% in most of the courses."
- Records showed there were some gaps in staff's training. The registered manager was aware of the training staff needed to complete and had plans in place to address this. Target dates had been set for staff to complete their training or refresher training. The registered manager and provider confirmed staff had to complete refresher training in their own time and this had led to some staff's lack of completion.
- Training records or the training policy did not indicate what the provider considered mandatory training for staff or the expected interval between refresher training. It was not therefore possible to be certain that staff had completed the training they needed. For example, 17 out of 32 staff had not completed training in the mental capacity act (MCA) which the registered manager said was mandatory.

We recommend the provider ensures staff have all the training they need to carry out their roles.

- Staff said they felt well supported by the registered manager and provider. They said they had regular supervision meetings which allowed them to discuss their performance. Records also confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People had given consent for their care. Staff understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- Where required, mental capacity assessments had been completed and people's right to make what could be considered an unwise decision was respected in line with the MCA.
- The provider carried out an assessment of people's needs before a service was offered to them. This included any cultural needs and preferences such as preferred names. People or their relatives were involved in the assessment.
- The provider's policies and procedures were not always based on current good practice guidance. This included policies regarding safe management of medicines and infection prevention and control.

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

- People received food and drink from staff who understood their needs and preferences. One person said, "They (staff) provide meals well for me."
- Staff could describe people's needs in relation to eating and drinking. However, care plans did not always reflect the support people needed to eat and drink, for example, if there were risks associated with this. The registered manager updated these care plans during the inspection to reflect this.

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

- The registered manager and staff worked closely with other agencies to manage people's health needs. These included GP's and speech and language therapists.
- The service gained advice on how to support people with their specific health needs such as percutaneous endoscopic gastrostomy (PEG) feeding. (This is where a tube is passed into a person's stomach through the abdominal wall to provide a means of receiving nutrition).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received the care and support they needed from caring, kind staff. People's comments included; "Very nice and caring" and "I find that I can trust them and leave them to it."
- Initial assessments identified people's cultural needs such as their religion or preferred name and the need for any culturally specific care. For example, one person had stressed the importance of hair oiling in line with their cultural requirements.
- The registered manager and provider gained feedback on the service through questionnaires. These showed positive feedback on people's satisfaction with the staff. One person's comment noted; 'My care worker provides excellent, professional and caring service. She is always kind and helpful.'
- Staff spoke with genuine warmth and kindness about the people they supported. One member of staff said, "I love my job; meeting all the different people. I enjoy their company."

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

- People we spoke with felt included in how their care and support was planned and delivered. One person said, "I am involved in the care I receive."
- People received care and support from staff who assisted them to make decisions by giving people time to express themselves. One member of staff explained how it was important to do this to ensure understanding of any explanations about care and support offered.
- The registered manager knew how to access information about advocacy services if needed. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. They said staff supported them to be as independent as possible. One person said, "[Staff] do show dignity and respect I am pleased with Grace Homecare."
- Staff understood the importance of ensuring people's confidentiality and people's personal information was held securely.
- Staff described how they promoted independence and why this was important for people. One member of staff spoke of the need to maintain skills for people to boost their confidence and self-esteem.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People said staff provided them with all the care and support they needed. They said they felt well cared for.
- Staff said they found care plans informative and if they needed to, they contacted the management team for clarification. One member of staff said, "Care plans are generally good; sometimes call managers to clarify."
- Each person had a care plan. Care plans provided basic information about people's needs and the tasks staff were to complete at each visit. Some care plans had detailed, information such as the number of staff required to support a person when moving or that a person could wash the top half of their body themselves.
- However, some care plans, such as showering, support with food and drink and assisting people with continence care did not have enough detail to ensure there was a complete record of their needs and how staff should provide support to ensure these needs were met. One person's care plan regarding oral intake was out of date. Another person's care plan regarding personal care refusal was not up to date. However, the registered manager could describe the current care needs of these people.

The registered manager responded immediately during and after the inspection to review and update the care plans, we looked at. We recommend a review of all care plans is undertaken to ensure they fully describe people's current needs.

- The service was not supporting anyone at the end of their life. The registered manager was aware of who had a do not attempt cardio pulmonary resuscitation (DNACPR) order in place and said these wishes would be respected for people. A small number of staff had completed training in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. This information guided staff on the best ways to communicate with people.
- Important information such as the need to wear spectacles at all times was recorded for one person.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns. They had confidence any concerns would be addressed promptly. One person said, "My [relative] would complain if required." A relative said, "Had an issue last week phoned them up and got it sorted out."
- People received information about the service and how to complain when they first started to receive support from the service.
- The service had not received any formal complaints since our last inspection visit. However, several compliments were received and recorded. For example, a social worker had said a person who used the service was very happy with their carer. They said, '[Name of person] is over the moon with [name of carer] who goes above and beyond for her.'

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider monitored the quality of the service through spot checks of staff's performance, working alongside staff and checking records.
- The systems in place had not been fully effective in assessing and monitoring areas of the service. This included the management of medicines, care records or the shortfalls in staff training and out of date policies and procedures. Some records such as spot checks were inaccurate. For example, staff were recorded as having checks on medicines administration and moving and handling when this was not a requirement of the person using the service.

Quality and safety checks were not robust enough to identify issues we found during the inspection. This placed people at avoidable risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider reviewed these records and policies, and new documentation was produced during the inspection. These were not yet fully embedded within the service. .
- People, relatives and staff said they were confident the service was well managed. A person told us, "Don't think they really can improve it, best they can be." One relative said, "Yes, well led." One person said they did not think the service ran as well when the provider was away. They said, "Things go wrong a bit when [provider] goes away."
- Staff understood their roles and responsibilities. Staff described how they worked to provide a quality service for people. This included ensuring they were punctual and reporting any concerns they had.
- The registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

- People felt able to raise concerns if they felt this was required. The provider's policies referred to their responsibilities under duty of candour.
- Staff felt well supported and said they found the registered manager and provider approachable. One

member of staff said they felt they could ask questions and were never made to feel they were bothering the managers with any queries they had. They said, "I ring them a lot; for example, if I'm not clear on a person's medication or care or care plan."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider encouraged people and their relatives to give feedback on the service to drive improvements. This included the completion of surveys, where people could raise any concerns or make suggestions for changes to their care.
- Staff enjoyed working for the service and would recommend it to others. One member of staff told us they had already done so.
- The provider issued staff newsletters, which gave staff the opportunity to be kept informed of important aspects in the service such as the need to improve on training completion.
- The service worked in partnership with other agencies, such as social workers and health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines management systems that were in place were not effective and did not fully ensure safe administration of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and governance systems were not robust enough to ensure effective monitoring of the service and that people always received safe care.