

Age Gracefully Limited

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 3 November 2015. Age Gracefully Limited is a domiciliary care service which provides personal care and support to people in their own home in Nottingham.

There is a registered manager and she was available during the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people’s health and safety were managed and plans were in place to enable staff to support people

Summary of findings

safely. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People

were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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 knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Good



Is the service caring?

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Good



Is the service responsive?

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

Good



Is the service well-led?

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

There were systems in place to monitor and improve the quality of the service provided.

Good



Age Gracefully Limited

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.

We visited the service on 3 November 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered manager would be available. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 improvements they plan to make.

During our inspection we spoke with 12 people who used the service, three relatives, three members of care staff, office staff and the registered manager. We looked at the care plans of seven people who used the service and any associated daily records such as the daily log and medicine administration records. We looked at six staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People were protected from the risk of harm or abuse, and told us they felt safe. All of the people we spoke to told us they felt safe when staff were caring for them. One person said, “Yes, I feel safe all the time.” Another person said, “Oh yes, they are very careful.” The relatives we spoke to also said they felt their family members were safe whilst receiving care from the staff.

Staff told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to the registered manager. One staff member said, “I would ring the office straight away if I have any concerns about a person I was visiting and [the office] would sort it out.”

Relevant information had been shared with the local authority when incidents had occurred. The registered manager carried out thorough investigations to reduce the likelihood of further incidents occurring. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety. People who used the service had care plans in place, which also contained information about how to support people to keep safe. For example, one person was at risk of falls, and the care plan stated that two staff were needed to assist this person, and also told staff what equipment was needed to reduce the risk of falls. The staff we spoke to had received training in assisting people to move safely.

People told us their risks relating to health and safety were discussed with staff in order to help them stay safe. One person explained that the carer who assisted them had been taught how to use a piece of equipment that helped them move from their bed to a chair. This training meant that the equipment could be used safely, and reduced any risks of harm to the person requiring support.

Assessments of risks to people’s health and safety were carried out and we saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. For example, one person had a

key safe and the care plans reminded staff of the importance of putting the key back safely after each visit. One person said, “[Staff] make sure they have secured everything.” Another person said, “[Staff] always check the windows at night.”

The agency had plans in place which meant that the service to people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. Accident and incident forms were being completed and contained information on how to prevent similar incidents in the future.

People were supported by sufficient numbers of staff, and this was confirmed by the people we spoke with. The agency knew how many staff were needed, and also were able to respond to the needs of the service when staff were on holiday or off sick. Some staff were happy to work extra hours, and most of the office staff are also trained to deliver care at times of holidays and staff sickness.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to carry out support tasks. Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. There was also evidence of references being supplied by former employers. The staff we spoke to confirmed that they had been subject to these checks before starting employment with the agency. We also saw that the service followed clear staff disciplinary procedures when necessary.

People received the support they required to safely manage their medicines. A person said, “[Staff] always give medication, they never miss any.” Another person said, “Yes, they always give [the medicine] to me on time.” Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. For example, staff supported some people to take their medicines whilst others only needed reminding when their medication needed taking.

People’s care plans contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. Records showed that a person who required medicines at very specific times of day was supported by staff to receive them in line with their needs. The registered manager ensured

Is the service safe?

that staff received training and support before administering medicines and this was provided on an

on-going basis to ensure staff remained competent. There were procedures in place, which were followed, in the event of a medicines error or a delay in a person receiving their medicines.

Is the service effective?

Our findings

People told us that staff knew what they were doing. Some people said that staff were sometimes a bit slow when they started but soon improved. They also told us that new staff shadowed existing staff before they started working alone. A relative said, “Staff are well trained.”

Records showed staff had received training as part of their induction, and that their training was regularly updated. The registered manager told us that training was provided to encourage staff to look at care from the perspective of the person who used the service. A staff member told us that at the induction, “Told me everything I need to know.” All new staff were also expected to ‘shadow’ a more experienced staff for at least two weeks, to ensure they met the required standards. Records showed that staff received appropriate supervision and staff told us they felt supported. A staff member said, “If I ever have any problems, [senior management] always try to sort it.”

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Consent to care and treatment was sought in line with legislation and guidance. People told us they were asked for their consent prior to any care being delivered and we saw that copies of various documents had been signed by people to give their consent. Staff described the importance of gaining people’s consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions may vary.

Where required, people received support from staff to have access to food and drink. People told us they were supported to eat and drink enough. One person said, “They always leave a drink for me.” Another person said, “I have trouble swallowing and they make sure I’m ok.”

The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. For example, staff just prepared meals for some people and they could eat independently. However, other people needed some support from staff to eat their meal. A staff member said, “I’m very particular that people get good nutrition. I try to encourage them to eat healthy food.” They also said, “If people aren’t eating, I would raise it with my manager straight away.” Care records provided clear information for staff on how to support people to meet their nutritional needs.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. One person said, “Yes they phone the doctor.” Another person said, “If I have an appointment they arrange for someone to take me there.” One person told us that staff supported them to manage their long term healthcare condition and as a consequence their health had improved. Records showed that staff involved external professionals where appropriate.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “They are genuinely caring and they help me a lot.” Another person said, “They do really care. By the way they speak and the way they look at you.”

People and their relatives were able to be involved in making decisions and planning the care to be provided. A person said, “Yes they always ask me.” Another person said, “I always say what I like.”

Staff described how they involved people in day to day decisions relating to their care and gave people choices. For example, one person was offered visual choices of different clothes and food to enable them to make their own decisions. Staff were aware of the information in people’s care plans regarding the preferences people had about their care. A staff member said, “You always ask people what they want and involve them. The [person’s] wishes always come first.”

People’s needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The registered manager and staff told us that they regularly asked people if they remained happy with their care. Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed on a regular basis and people were involved in this process if they wished to be.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences.

The people we spoke with told us they were treated with dignity and respect by staff. One person told us that staff were very respectful. Another person said, “Staff are very courteous.” A relative told us that their family member were treated with dignity and respect by staff.

People told us staff respected their privacy. A person said, “They cover me up when I leave the shower.” Another person told us how staff always closed the blinds when they supported them in the bathroom. People were cared for by staff who understood the importance of respecting their privacy. A staff member said, “I always think how I would like my mum to be cared for to respect her dignity and privacy.” Another staff member told us that they were always very careful to protect people’s privacy and dignity when giving someone a wash, “I always make sure when I wash someone that the blinds and doors are closed, and I cover private body parts with a towel to maintain dignity.”

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. One staff member said, “I always asked what [the person who used the service] wants to eat, and ask them to tell me what clothes they choose to wear.” Another staff member said, “I take [the person who used the service] shopping so they can choose their own items, because it’s better for them to be able to choose what they want themselves.”

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed when they wanted it. People told us that they received care that met their personalised needs and that staff never missed calls. They also told us that staff usually arrived on time and let them know if they were going to be late. One person said, "If they are going to be late they always inform me." People told us that staff always apologised if they were late. A relative told us there had been some missed calls in the early days but it did not happen anymore.

The staff we spoke to said they usually had sufficient time to get from one visit to the next and also had sufficient time to give people the support they needed. This was confirmed by the people we spoke to. Staff told us that if they are delayed in a person's home, they let the office know, and also phoned the next person to inform them their call may be delayed.

Records showed that a senior member of staff always visited people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. Records showed that, most of the time, staff arrived at the time they were supposed to and stayed longer than the times scheduled. For example, one person required support to administer their insulin (to control diabetes) at set times. Staff showed their understanding of this, and we saw the visits took place at times when the insulin was required.

The staff we spoke with told us they were provided with sufficient information about people's needs before visiting them for the first time. Staff also told us that they felt the registered manager listened to their feedback if they felt a person's care needs had changed.

People's care plans were reviewed on a regular basis with the involvement of people and their relatives if they wished to be involved. People told us their care plans were reviewed regularly and were accurate.

A person told us that staff were aware of their religious beliefs and had asked them whether they would prefer a carer from their own religious background. Care records contained information regarding people's diverse needs and provided support for how staff on how they could meet those needs.

People told us they would know how to make a complaint. A person said, "Yes I know who to complaint to." Another person said, "I can go to the office and talk to the owners if I need to." A relative told us that when they had raised a concern staff had listened to them and tried their best to resolve the issue. Staff knew how to respond to complaints. A staff member said, "Sometimes people want to voice their opinions and I pass on their concerns to the manager." There was a clear procedure for staff to follow should a concern be raised. Complaints were responded to appropriately.

Is the service well-led?

Our findings

People were involved in developing the service. People told us that they were regularly asked their views on the service that they were receiving. A person said, “The senior person always asks how I am getting on.” Another person said, “The owners come and visit me to see how I am doing.” Another person said, “They ask for my opinion time and again.” A relative said, “They changed things based on my suggestions.”

Surveys were completed by people who used the service and their families. The feedback from surveys was largely positive regarding the quality of care provided by staff. However, we saw that improvements were made if concerns were identified in the surveys.

People benefitted from an open and honest culture within the service and they were encouraged to speak up. The people we spoke with told us they felt able to approach office staff, care staff or the registered manager if they wished to discuss anything. A person said, “They always listen.” Another person said, “The office staff are lovely and they always call back if I leave a message.” One person said, “They are courteous and polite on the phone.” The relatives we spoke with also felt able to raise any issues they had.

There were clear systems in place for people to contact the office and issues were dealt with promptly. Office-based staff maintained regular contact with each person or their relative to check they remained satisfied with the service. This meant that communication remained on-going and any issues that were raised were acted upon.

The staff we spoke with told us there was an open and honest culture in the service and said they would feel comfortable suggesting improvements. A staff member said, “Yes, they take everything on board. Things always need to be tweaked to make them better.”

A whistleblowing policy was in place and contained appropriate details. The policy was also in the staff handbook. Staff told us they would be comfortable raising issues. The provider’s PIR stated, “We encourage our staff not to be afraid to whistleblow.” The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values.

The service had a registered manager and they understood their responsibilities. People were aware who the manager was and said that they were approachable. One person said, “I can speak to the manager like I am speaking to my own mother.” Another person said, “She will listen to everything you have to say and act upon it.” We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The agency had systems in place to ensure that visits to people were carried out. They also made use of technology to ensure staff are where they needed to be at the right times and are spending the right amount of time with the people they support. Regular spot checks of staff took place so that the registered manager could monitor the quality of care being provided.