Immaculate Grace Care Ltd

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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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Immaculate Grace Care Ltd is a domiciliary care agency which provides personal care support to people in their own homes. This was the first inspection of the service since they were registered in July 2014. At the time of our visit the agency supported 8 people with personal care and employed 13 care workers.

We visited the offices of Immaculate Grace Care Ltd on 16 October 2015. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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.

Not all care workers had received the induction and training required to meet people's needs safely and effectively.

Summary of findings

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to provide care to people and most people had consistent care workers who usually arrived on time and stayed the agreed length of time. People told us care workers were kind and knew how they liked to receive their care. People who required support had enough to eat and drink during the day and were assisted to manage their health needs, if this was part of their care plan.

Care plans and risk assessments contained relevant information for care workers to help them provide the care people required. People knew how to complain and were able to share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the registered manager, but some felt they were not always listened to.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Good

Is the service effective?
The service was not consistently effective.

Not all care workers had received the induction and training required to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Requires improvement

Is the service caring?
The service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from consistent care workers who understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People received a service that was based on their personal preferences and how they wanted to be supported to live their lives. Care plans were regularly reviewed and care workers were given updates about changes in people's care. People were able to share their views about the service and the registered manager dealt promptly with any concerns or complaints received.

Good

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

People were satisfied with the service and felt able to contact the office and speak to management if they needed to. Care workers felt supported to carry out their roles and felt able to raise concerns with the registered manager. There were systems to monitor and review the quality of service people received.

Good

Immaculate Grace Care 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to 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. Our inspection visit confirmed the information contained within the PIR.

The office visit took place on 16 October 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted 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.

We contacted people who used the service by telephone and spoke with nine people, (five people who used the service and four relatives). During our visit we spoke with three care workers, a care co-ordinator and the registered manager.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with their care workers and what they would do if they did not feel safe. Comments from people included, “Yes, he’s safe. I would speak to the manager”. “Absolutely safe for both of us,” and, “I’m happy that he feels safe. I would speak to the carers then the office manager if not.”

People told us care workers usually arrived on time and stayed long enough to complete all the tasks required of them. Comments included, “Usually they are on time. Oh yes, they stay the full time”. “Yes, nearly always on time. It runs lovely really. They always come. I know them all” and, “Mostly on time. If they are late he is told.”

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the registered manager. One care worker told us,” If I have any concerns I would record it and report it to the manager. She would look into it and refer it to the local authority.”

There was a procedure to identify and manage risks associated with people’s care, such as risks in the home or risks to the person. Staff knew about the risks associated with people’s care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to transfer out of bed and checked people’s skin where they had been assessed as at risk of developing skin damage. We asked care workers about monitoring people’s skin to make sure it remained intact. One care worker told us, “I check people’s skin for any redness or damage. Any concerns I would record it and report it to the office I would also let the family know. The office would phone the district nurse.”

The provider had an out of hour’s system when the office was closed. One care worker told us, “I will phone if I need help or advice, there is always someone on call.” Care workers told us this reassured them that someone was always available if they needed support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Staff could not start working in people’s homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people’s backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work. The registered manager told us there was on-going recruitment of care workers to allow the service to develop.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Where care workers supported people to manage their medicines, it was recorded in their care plan. People told us they received their medicines as prescribed. One person told us, **“**They do all our medication, they ensure we take it. I don’t handle it at all.” Another said, “He does his own medicine but they always check he has taken it.”

Care workers we spoke with told us they had had not received training about how to administer medicines safely. The registered manager told us care workers only prompted people to remind them to take their medicines. If people required further assistance with medicines, the registered manager, the care co-ordinator and one care worker had completed training to support people to do this. Care workers did apply prescribed creams for people. Care workers completed a medicine administration record (MAR) to confirm people had taken their medicines or that creams had been applied. Completed MARs were returned to the office for checking and auditing. We looked at completed MARs in people’s files, these showed people had been given their medicines as prescribed.

Requires improvement

Is the service effective?

Our findings

People and relatives we spoke with thought care workers had the skills and knowledge to meet their needs. People told us**,** "Yes, they were much better than other agencies he had," and, "They are very good."

We asked the registered manager how many care workers were employed and providing care for people. We were told 13, six were 'up and running' and seven were new. We asked what 'up and running' meant and were told, these staff had completed an induction, shadow shifts and moving and handling training. We asked about new staff and were told, they had completed shadow shifts, but no training. The registered manager told us she had secured places for training on 23/24 October 2015. In some cases this would be nine weeks after the care worker had started to provide care.

Prior to our visit we received a concern that staff had not completed moving and handling training before assisting people to move around their home. We asked care workers about their training. Care workers told us, "I shadowed a couple of shifts when I first started and they showed me what to do. I worked in care before coming here and completed training there so I have some knowledge. I have completed moving and handling training here and was shown how to use a hoist. I've had no other training but I think training has been booked now." Another care worker told us, "I've never worked in care before. I shadowed for three shifts, I was shown how to use a stand aid and a hoist but have not had any training yet. This has been booked for next week." A more experienced care worker told us, "I work with new staff who don't have any training or experience so it's more than just showing them what to do. I have to train people and I am not qualified to be a trainer." We were told, "The lack of training effects how new staff respond to people. We have clients that can be confused at times. New staff do not know how to respond appropriately as they do not have the understanding or experience to carry out their work competently." We were also told, "If people ask me to help with their medication or a catheter I tell them I can't as I haven't had the training." The provider could not be certain care workers were able to provide effective and safe care to people.

Staff told us they received regular supervision meetings and checks on their practice. The registered manager and care coordinator undertook regular observations to assess staff performance in people's homes to ensure care workers put their learning into practice. We noted on two care workers observations carried out on 19 September 2015 and 21 September 2015 in people's homes, care workers had not followed good hygiene practice and infection control training had been recommended. This training had not been completed.

The service was in breach Regulation 18 (Staffing) (2a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. They told us there was no one using the service that lacked capacity to make their own decisions about their daily routines. Care workers we spoke with had not completed training in MCA but they knew they could only provide care and support to people who had given their consent. They told us the MCA meant, "Giving people choice and allowing them to make their own decisions." Another said, "All the people I visit have capacity to make decisions, I always get their consent by telling them what I have come to do and asking if it's okay with them." People confirmed staff asked them if it was alright with them before they provided care, comments included, "They say what they are going to do and ask him first," and "They always asked her first. My mother was quite independent".

Most people told us that they, or their relative, provided all their meals and drinks**.** People who were reliant on care workers to assist with meal preparation told us they were satisfied with how this was done. Comments from people included, "They do his meals; they ask him what he likes. They encourage him to have the drinks thickened. The carers always leave a drink for him". Another told us, "They do all our meals. They ask me what I want. There is never any question of can't do that or this." "I can't walk, so they do it all. They always leave a drink before they go." Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

Requires improvement

Is the service effective?

Most people we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. One person told us, “It’s a mixture; they do the arranging, hospitals etc. Grace [registered manager] is sorting out the chiropodist. They do some, we do some.” Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. A relative told us, “No, I do that although they got in touch with his doctor and demanded that he come out on a couple of occasions.” Records confirmed the service involved other health professionals with people’s care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions and had access to health professionals when required.

Good

Is the service caring?

Our findings

All the people we spoke with were happy with the care they received from Immaculate Grace. Relatives told us, "He absolutely adored the Immaculate Grace people" and "She loved them all, they went the extra mile." Another said "It shone through from all of them, (caring). I felt they wanted to be there to help," and "They are fantastic, very professional".

Most people we spoke with had regular care workers who they knew well and who they had built friendships with. A relative said, "They always took the time to talk to her, treated her as friends. It was good to see mum confident about them." One person told us, "As soon as they walk through the door they put you first. They are a lovely set of girls."

Care workers told us they supported the same people regularly and knew people's likes and preferences. People said care workers completed the tasks they expected them to before they left. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. We looked at the call schedules for two people who used the service and three care workers. These showed people were allocated regular care workers where possible, and time to travel between calls was included on schedules.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. People said, "I can shower myself. They pull the curtain over and stay with me". A relative told us**,** "What I liked, they didn't assume. They wheeled her to the sink and got her to do as much as possible for herself."

People told us care workers maintained their dignity by covering them when they received personal care.

Comments included, "They would check with dad if it was alright to pull the curtains back", and, "They would leave her exposed for the least amount of time possible." Another said, "I left the room when he used the commode, so did the carer." Care workers told us how they ensured people's privacy and dignity. One care worker told us, "I treat everyone how I would want to be treated myself." Other care worker's comments included, " Give people time, let them know what you are going to do. I have one client who was really shy, and took time to get to know staff and is now less embarrassed as they have regular carers." "I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed before providing care." This made sure people's dignity was maintained.

We asked care workers, what 'caring' meant to them. One person said, "Being kind and considerate. Being a good listener, meeting their needs not yours."

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, "I am still quite new but I am building relationships with people. If there is time I like to sit and talk with people. I am usually busy in the mornings but I have more time to spend with people at lunchtime and tea times." Another care worker said, "I enjoy my job, I like meeting different people. I think we do make a difference to people's lives as some wouldn't be able to stay at home without our help."

People we spoke with and their relatives confirmed they were involved in making decisions about their care and had been involved in planning their care. Comments included, **"**I had a meeting recently, my daughter was there," and, "We were involved in her care."

Good

Is the service responsive?

Our findings

People told us care workers knew about their likes and preferences, as their support needs had been discussed and agreed with them when the service started. Comments included, "Yes, they do know his likes. They are 100% better than the previous agency." "They do know my likes because they have been coming for so long." "They did know her likes, I was impressed with that. It was written down in her plan."

Care workers we spoke with had good understanding of people's care and support needs and told us they had time to read care plans that were always up to date. They also said there was information in care plans to inform them what to do on each call. One care worker told us, "I think we care for people very well, especially their preferences and choices." Care workers told us they had regular clients so they got to know how people liked their care provided. Care workers told us they referred any changes to people's care to the office staff or managers. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

We looked at two care records. Care plans provided care workers with information about how people wanted to receive their care and support. Both the plans we viewed were for people unable to move around without assistance. Care workers told us they regularly checked the person's skin and if they were concerned they would inform the family, or contact the office so they could arrange for the district nurse to visit. We noted that regular checks on the person's skin to make sure it remained in good condition was not included in the care plan. We discussed this with the registered manager who said they would update care plans to make sure there was appropriate pressure area management information available for staff. Plans were reviewed and updated regularly and had been signed by people which showed they had been involved in planning their care.

Care workers told us they had regular clients who had scheduled call times. They said they had enough time allocated to carry out the care and support required. We looked at the call schedules for the people whose care we reviewed. Calls had been allocated to regular care workers and scheduled in line with people's care plans. Most people received their care around the times expected, although one person told us, "Once she (care worker) should have arrived at 9.45am and didn't come until 11.30am. They didn't advise that they were going to be an hour late. They were full of apologies, it's not happened since." Care workers told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened, "Yes, they were very good; they would always ring if they were late". "Mostly on time, if they are late he is told. It's only been twice in all the time we have had them". "Most of the time punctual, they would always let my dad know if they are running late."

We looked at how complaints were managed by the provider. People and their relatives knew how to make complaints as they had all been provided with a copy of the complaints procedure. Relatives told us, "I have seen a complaint form in his folder," and, "There is complaints information in his care plan folder". People said they would telephone the agency's office if they wanted to complain**,** "Yes I would complain but have never needed to. Once there was a personality clash. The manager switched the carer," and, "He never complained, there was no reason to." Care workers spoken with said they would refer any concerns people raised to the registered manager or staff in the office and they were confident concerns would be dealt with effectively.

The Provider Information Return told us, "Service users are informed of the complaints procedure, a complaints form, complaints procedure and contact details of CQC are included with their daily record plans. We ensure that every complaint is explored and responded to in good time according to our complaints policy and procedure." We found this was taking place. Records showed complaints received had been recorded and investigated in a timely manner. We noted there was no complaints log so that complaints could be monitored for trends or patterns. The registered manager told us they would put one in place.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. Comments from people included, "Yes, I am very happy with it". "10/10. I don't know what they could do better. They set the benchmark as far as I am concerned." "They did everything possible and extra. They gave her a new lease of life for the last few months. I will always be grateful for that."

The provider was not providing staff with the induction and training they required before they started providing care to people. The registered manager told us they had applied to the local authority training unit to provide this training, but training had not been made available to them, and they had only recently received training dates for end October 2015. The registered manager had not considered providing staff with basic awareness in the required health and safety areas until this training was available. The registered manager told us they would look into this so in future new staff would be provided with the necessary training in a timely manner to ensure they provided safe and effective care to people.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew about statutory notifications and had completed the Provider Information Return (PIR) which are required by Regulations. However, we found we had not been notified about an allegation of abuse referred to the safeguarding team. The registered manager told us they would submit a notification and understood their responsibility for submitting these in a timely manner in future.

The PIR told us "The registered manager communicates well with staff and holds regular meetings to discuss service user care. She encourages staff contribution and is approachable. She visits service users regularly to ensure that they are happy with the service provided. We have robust records and data management systems in place and regularly audit every aspect of care." We found staff meetings were taking place to discuss people's care and support needs and any issues care workers might have about their care calls. The registered manager also provided personal care to people so understood the demands on staff, as well as people's care and support needs. Care workers told us they felt supported by the registered manager and care co-ordinator. Care workers knew who to report concerns to and who was responsible for providing supervisions. Care workers confirmed they had regular work supervision including observed practice supervision by the registered manager and co-ordinator. One care worker said, "The meetings make sure we have up to date information about people and we discuss any concerns we may have about people or possible changes to their care needs."

People who used the service told us senior staff checked on care workers during care calls. One person said, "The coordinator came to check his MAR sheet". Care workers told us the registered manager and care co-ordinator undertook regular observations of their performance in people's homes to ensure standards of care were maintained and that they worked in line with the provider's policies and procedures.

A new member of staff told us, "The managers are very nice and have offered help and guidance." All staff we spoke with told us they would feel confident about reporting concerns or poor practice to the registered manager and care co-ordinator, although two care workers said they did not think their views were always listened to, particularly about changes in call times. "Sometimes I tell them we need more time, but they don't always do anything about it. I think they are tied by social services and what time they say we can have." Another care worker said, "I feel well supported. They're friendly and welcoming when you come to the office or when we work together. I would feel comfortable raising any concerns."

All the people we spoke with told us they knew who to contact in the service if they needed to. They told us the information they received from the agency was clear and easy to understand. People said, "I have spoken to the office. If I leave a message, they ring back the same day". Another said, "My daughter has spoken to the office. When it goes to voicemail they can be slow in replying." One care worker told us that during the day messages were not always responded to quickly. "It would be useful if there was someone in the office to respond to our calls." The registered manager and care co-ordinator provided care calls and carried out observed practice on staff so at times were not available in the office to respond to phone calls immediately. The registered manager was confident messages would be responded to and was considering employing an administrator to support with phone calls and office duties.

Good

Is the service well-led?

People told us they had been asked if they were satisfied with the service, this was through spot checks, care plan reviews and satisfaction surveys. People told us, **"**We see quite a lot of the manager. She frequently says 'any complaints', let me know." "The boss pops in to make sure I'm alright. I'm looked after extremely well". "[Registered manager] is very proactive and hands on, always asking us our views." We looked at a sample of returned surveys from people, the responses and comments were mainly positive about the service, for example " Grace [registered manager] is very caring and professional She is always working to ensure the best care possible".

The provider and registered manager used a range of other quality checks to make sure the service was meeting people's needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

We contacted the local commissioning team responsible for contracting with the service and another professional who used the service. They had no concerns about the service provided and referred to the service as responsive and efficient.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Care staff had not received the required training necessary to enable them to carry out the duties they are employed to perform. Providers must ensure that they have an induction programme that prepares staff for their role. Training of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment.