

Grangefield Care Limited







Grangefield Homecare

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 unannounced inspection took place on the 23 and 24 July 2015. Grangefield Homecare provides personal care for people in their own homes with a range of personal care needs. People who received personal care lived in or around the village of Earls Barton in Northamptonshire. There were 11 people receiving personal care during this inspection.

There was a registered manager who was no longer in post; however, there was a manager who had been in post for over a year who was in the process of registering.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were assured that staff had been appropriately recruited as their employment procedures protected

Summary of findings

people by employing staff that were suited to the job. There were sufficient numbers of staff that had the skills they needed to provide people with safe care and support.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment as staff understood their responsibilities to respond to allegations of abuse and protect people from harm.

People's care plans were individualised and reflected the support they needed and that had been agreed with them. They benefited from receiving care from staff that listened to them and acted upon what they said. Staff

encouraged and enabled people to retain as much independence as their capabilities allowed. Appropriate risk assessments related to people's support needs were in place and were acted upon by staff.

People who required help with their medicines were supported to order, store and take their medicines safely.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider. People knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

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.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care.

People's medicines were appropriately managed and safely stored.

People's care needs and any associated risks were assessed before they commenced using the service.

Good



Is the service effective?

The service was effective.

Staff ensured they gained people's consent before they provided care.

Staff had the training and acquired skills they needed to support people and enable them to be as independent as possible.

Good



Is the service caring?

The service was caring.

People care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good



Is the service responsive?

The service was responsive.

People's care plans were individualised and had been completed with their involvement.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led.

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

People were supported by staff that received the managerial guidance they needed to do their job.

Good



Grangefield Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on the 23 and 24 July 2015. Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with two people who used the service and three relatives. We looked at the care records of the three people. We spoke with the registered manager, and two staff. We looked at two records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were safeguarded against the risk of unsuitable staff because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment and character references were obtained before they started work.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Staff understood their responsibilities to respond to allegations of abuse and protect people. Staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. There was a small team of staff who had in-depth knowledge of all the people's needs, they worked closely with the manager to maintain enough staff to meet people's needs. Staff told us they had sufficient time to travel between visits and relatives told us that people who used the service received the required number of visits and that they could rely on the staff to visit at the times agreed.

Peoples' individual plans of care contained basic risk assessments to manage risks within the environment

including people's safety within their own home. Staff liaised closely with families where they had identified risks, for example where people managed their own medicines, and medicines had run out, the staff liaised with families to assist with the ordering of the medicines in a timely manner.

Most people managed their own medicines and those who required support from staff had sufficient supplies and received their medicines as prescribed. Basic care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff were experienced in the administration of medicines and training was provided, this was due to be updated. People were supported to take their own medicines safely. People generally managed their own medicines with minimal staff support when this was necessary. Arrangements were in place for the disposal of discontinued medicines to the dispensing pharmacy.

People were assured that staff were mindful of the need to ensure that people's homes were kept secure, arrangements in place such as a key safe so that staff could gain access independently and secure their property when leaving. One relative said that they felt confident that their relative's property was left secure and they were safe.

Is the service effective?

Our findings

People were provided with effective care and support. New people were assessed on referral to the service to enable the service to determine whether they were able to meet their needs and to put individual plans of care in place. Individual plans of care contained details about people's preferred preferences; people were involved in the development of their individual plans of care and they knew what they contained. People were involved in decisions about the way their support was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. Staff demonstrated their understanding of the importance of obtaining consent to care.

People's care plans contained assessments of their capacity to make decisions for themselves. Staff had a good knowledge of people's individual personal care needs that enabled them to consistently provide effective care tailored to the needs of each person. One person told us they were "very satisfied with the care". Effective communication systems were in place to ensure that staff were updated when people's needs changed; staff told us they were regularly updated and that they fed back any concerns that they had about people's well-being to the manager so that appropriate action could be taken such as referrals to a GP or other appropriate health professional.

People were supported to have enough to eat and drink to help protect them from the potential adverse effects of poor nutrition. The care plans gave specific details of the types of foods or drinks people wanted and for one person there were instructions to observe that they had a drink during their visit. Relatives told us that staff were good at ensuring people had enough to eat and drink. One person had their meals delivered by Grangefield Residential Care Home, where the manager and the staff office were based, this had helped to ensure a cooked meal was available daily.

People's needs were met by staff that were effectively supervised. Staff received supervision with the manager; staff told us that the manager was readily approachable for advice and guidance manager. T

People benefited from receiving support from staff that were skilled and experienced. Newly recruited staff received an induction that prepared them for their role. They also initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

People received the timely healthcare treatment they needed. Any concerns about people's well-being were reported to the manager who made contact with the appropriate health care professional such as the GP. For example where care workers had noticed a difference in someone's well-being, the manager had contacted the ambulance service for immediate medical attention.

Is the service caring?

Our findings

People said the care staff were compassionate and kind. Staff referred to people by their preferred names. They also said that the care workers were familiar with their routines and preferences. One person said, “They [care workers] are lovely, they looked after me so well, they always came in with a smile and a chat”.

People said that although care workers were there to support them with their assessed needs they still felt encouraged to manage as much as they could for themselves. People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives. One person liked to know what was happening every day and the care workers explained that they opened the

person’s diary that family had completed and discussed the day’s forthcoming events. One relative said, “they [care workers] really help [my relative] to feel happier at home knowing that just that little bit of help keeps them going”.

Care workers were mindful of the sensitive nature of their work and respected confidentiality. Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

People were given the information they needed about the service; for example, office contact numbers, and a copy of their agreed schedule of visits that included the name of their care workers.

Is the service responsive?

Our findings

People had been involved in planning and reviewing their care. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices.

People were involved in the review of their care and worked with the manager to ensure that the care they received met their changing needs. We saw examples of people receiving more care following a review. Although people's relatives were encouraged to participate in reviews, the service had found that relatives had chosen not to be actively involved in the on-going planning of people's care. The service had tried to engage relatives by a number of means but found that relatives were reluctant to take part.

People, who required support to get up in the morning, or to retire to bed, received their care at a time to suit them. People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home.

There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern.

Those acting on behalf of people who were unable to communicate enough to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. People said that care workers encouraged them to speak up if they were unhappy or worried about anything. Staff were mindful of their responsibility to report verbal complaints to the manager.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon.

There was a registered manager who was no longer in post; however, there was a manager who had been in post for over a year who was in the process of registering. The manager had the knowledge and experience to motivate staff to do a good job. Staff said the manager used regular supervision and appraisal meetings with staff constructively. They said the manager or provider were always available if they needed advice.

People were assured of receiving care from a service that was competently managed on a daily as well as long-term

basis. Records relating to the day-to-day management were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and by the provider. These audits included analysing satisfaction surveys.