

Grace Live In Carers Ltd

# Grace 247 Care Wiltshire

## Inspection report

Office 12, Enterprise House  
Boathouse Business Park, Cherry Orchard Lane  
Salisbury  
SP2 7LD

Tel: 01722672305

Date of inspection visit:  
28 November 2022  
19 December 2022

Date of publication:  
07 March 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Grace 247 Care Wiltshire 247 is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 48 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks people faced had not always been identified, assessed or mitigated. This included the management of healthy skin and choking risks. Some staff were working excessive amounts of hours, but the risk of them becoming tired and making mistakes had not been assessed. People told us there were enough staff to support existing care packages, but a robust recruitment procedure was not in place. People's medicines were not safely managed. There had been an error and the records did not always show the medicines were administered as prescribed. People told us they felt safe with staff supporting them, and staff knew how to identify and report abuse. Systems were in place to ensure good infection control practice was followed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were supported to have enough to eat and drink, and any ill health was reported to the office. Contact was then made with the person's family or healthcare professional so further action could be taken. Staff received a range of training deemed mandatory by the provider and received informal support as required. A formal system of staff supervision was in the process of being reinstated.

Feedback about the staff was variable. Some people told us staff were caring, lovely, helpful and sensitive. Others and their relatives were less complimentary. Complaints had been made to the manager about some of the staff and their attitude. The manager had plans in place to address this and said some of the staff were not working as they expected them to. People told us their privacy, dignity and independence were promoted.

People were generally supported by the same staff, which ensured consistency. People said staff usually arrived on time, although not always at their time of preference. Some people told us they were happy with their support, with one comment being "Generally, care is of a good standard and communication is good". Care planning was often task orientated and did not reflect people's individual needs. There was limited guidance for staff to help them manage people's health conditions. People knew how to raise a concern or make a formal complaint, although complaints were not always responded to. The provider told us this fell short of their expectations and would be addressed.

The provider had failed to submit an application to the Care Quality Commission regarding the change of

the agency's location. This was despite being reminded of the need to do so. This shortfall was a breach of the condition of the provider's registration.

Audits were taking place but not always identifying shortfalls in the service. This included shortfalls found during this inspection including those related to risk management, care planning and the management of people's medicines. Systems were in place to encourage feedback and an open culture. The manager was planning to meet with people and their relatives to introduce themselves and talk about their support. They had developed a new staff structure to enable more effective support and supervision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 07 January 2021 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about staff working excessively long hours and lack of staff training. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, need for consent, person centred care and good governance, at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grace 247 Care Wiltshire

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by two inspectors, an assistant 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 houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, but they were absent from work. A new manager had been appointed and they were in the process of registering with the Care Quality Commission to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 November 2022 and ended on 23 December 2022. We visited the location's office on 28 November 2022 and 19 December 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

During the inspection we spoke with 5 people who used the service, 6 relatives, 11 staff including the new manager and provider. We gained feedback from 1 health and social care professional. We looked at care planning documentation and associated risk assessments, medicine administration records and information related to the management of the service.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all risks people faced had been identified, assessed or mitigated, which did not promote safety.
- One person was being nursed in bed, but this was not clearly identified in their care plan. There was no guidance for staff about how to support the person, including how to move them safely.
- Another person was at risk of choking. Their care plan identified they needed their food cut up into small pieces, but there was no further detail to minimise their choking risk. Another care plan informed staff what to do if the person was choking, but not what they needed to do to prevent it.
- People at risk of pressure damage did not have a clear risk assessment or care plan about ensuring healthy skin. The information identified staff should regularly check the person's skin for soreness, but there were no preventative measures to minimise the risk of skin damage.
- Care plans did not provide information about the management of people's health conditions. For example, three people were identified as having epilepsy, but they did not have a person-centred epilepsy care plan in place. There was no detail about the types of seizures people experienced or what support they needed. Another person had diabetes, but there was no guidance about how this impacted on them, or the signs of any complications.
- Records showed some staff were working excessive hours. This included staff who repeatedly worked over 15 hours per day and over 100 hours in a two-week period. One staff member worked 146 hours in a two-week period. Staff said they could complete up to 20 care visits a day. Whilst staff told us it was their choice to work such hours, this could lead to tiredness and lapses of concentration and mistakes. These risks had not been considered. The manager told us they would monitor this and ensure all staff had adequate rest breaks.

Systems were not in place to identify, assess and mitigate risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff helped them to improve safety. One person told us, "When I was very dodderly on my feet, they showed me how to do things safely. I sit on the seat in the shower and turn to hold on, before I get out. They've been great." A relative however, told us some staff struggled with their family member's stair lift. They said there had been a few incidents where staff had left the stairlift halfway up the stairs, which was hazardous.

Staffing and recruitment

- Robust recruitment practice was not always followed which place people at risk of unsuitable staff supporting them.

- One staff personnel file contained an application form, which had not been completed.
- Two applications only contained one reference about the applicant's conduct in previous employment. This did not enable an accurate assessment of the applicant. In one case, it was not clear if the information related to the applicant's present or previous employer.
- An audit undertaken by the previous manager had identified another staff member did not have an application form on their personnel file. There was not a risk assessment, which showed the impact of this had been considered.
- Some staff did not have good English-speaking skills or a clear comprehension of the English language. Some people and their relatives raised concern about the impact this had. For example, not understanding or being able to follow requests.

Systems were not in place to ensure all staff recruited had the qualifications, competence, skills and experience necessary for their work. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they recognised some staff's English was better than others but explained all had passed the necessary skills test during the recruitment process. They said accents and the way staff pronounced their words may also have impacted on good communication.
- People told us there were generally enough staff, but it was not always possible to offer preferences of being supported by female staff. A relative told us the provider had made an effort to deploy more women, but sometimes it was not possible. A staff member confirmed people's preferences with staff gender were generally adhered to although on the odd occasion, particularly with staff sickness, this was not the case.
- There were enough staff to support existing care packages. Due to challenges with local recruitment, the provider had made use of the government's sponsorship initiative. The majority of the staff team were therefore recruited from overseas and given a contract for 5 years.

#### Using medicines safely

- Medicines were not always safely managed.
- For example, one medicine was prescribed twice a day, but records showed occasions when it had been given three times a day. Another person was prescribed a medicine to be taken once a week, but records showed it had been given more often. The provider confirmed these errors were administrative, not with the administration of the medicines.
- Staff had not always fully completed the medicine administration records. This did not show whether people had received their medicines or not.
- There had been an error with one person's medicines, in which they had been given too much. Immediate action to ensure the person's well-being had not been taken and there had not been an investigation. The staff member who made the error had not completed additional training or had their competency re-assessed to minimise a re-occurrence.
- Records showed, and staff told us they had received training during their induction regarding the safe administration of medicines, but their competency had not been assessed.

Systems were not in place to ensure the safe administration of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's visits were scheduled to ensure time specific medicines such as pain relief were given as prescribed. There was guidance for staff about the maximum number of tablets, which could safely be given within a 24-hour period.
- Records were in place to show staff where topical creams were to be applied. A record of the application



of topical creams was maintained.

- After the inspection the manager told us they had stopped the member of staff, who made the error, from administering medicines and had enrolled them on additional training.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from abuse.
- The provider had a safeguarding policy, and safeguarding training formed part of the agency's mandatory staff training programme.
- Staff told us they had completed training in safeguarding. They knew how to recognise signs of abuse and said they would report any concerns to the office. One staff member told us they would speak to the care coordinator and would go to the manager and then the police, if they were not happy with the response.
- People told us they felt safe and relatives had no concerns about safety. One person told us, "They are truly wonderful, I've never felt uncomfortable with anyone and I feel very safe, even with the two guys who come here." Another person said, "I'm really comfortable with all the staff. They're so helpful and never intrusive."

Preventing and controlling infection

- Systems were in place to prevent and control infection.
- The provider had an infection prevention and control policy and staff training formed part of the agency's mandatory training programme for staff.
- Staff told us they had undertaken training in infection prevention and control.
- There were supplies of personal protective clothing, which staff could access when needed.
- Good infection control practice was considered during spot checks of staff's performance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were not always being followed.
- Assessments of a person's capacity to consent to restrictive practices such as bed rails, sensors and alarms had not been undertaken. Information did not show whether least restrictive options had been considered.
- Staff had received training in MCA, but not all showed they fully understood what they had learnt. For example, one staff member said they would call the police, if they thought a person was being deprived of their liberty.
- Staff had documented they had asked people for consent before undertaking any care intervention. However, people and their relatives told us gaining consent was variable. For example, one relative told us, "Some staff don't explain what they're doing for [family member] before giving personal care. They don't seek consent."

Systems were not in place to ensure consent to care and treatment was undertaken in line with current legislation. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed, before a decision was made to provide support.

- However, the assessment of one newly agreed care package had not been put on the system for staff to see. The manager said this was not usual practice but occurred due to the speed of setting up the care package. They said all staff had been verbally informed of the person's needs, before providing any support. The manager and staff told us people were visited either at home or in hospital, so time could be spent discussing needs and expectations. They said there would then be discussions about staff capacity to ensure the care package could be effectively undertaken.
- One member of staff told us an assessment would be completed if a person had any new equipment such as a hoist. They said staff would receive training on the equipment, before being able to use it.

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

- People's relatives or healthcare professionals were contacted, if concerns about a person's health were identified.
- Staff told us if a person had fallen or was very unwell, they would call the emergency services and then inform the office. They said management would expect them to stay with the person until help arrived.
- People and their relatives gave us variable feedback about managing healthcare needs. A person told us, "I'm not sure if all of them would recognise if I was not well. Some who speak to me more, would notice. Others are not really paying attention and don't even ask me if I am alright." A relative told us, "They are very observant and sensitive to changes. For example, one carer noticed that [family member] had a cough and mentioned it to me."

Staff support: induction, training, skills and experience

- Staff received a range of training and told us they were well supported.
- The provider told us staff were allocated online training they had to complete, before they started working with people. They said some training was also face to face. This had included stoma management, facilitated by a specialist stoma nurse.
- Staff were positive about their training and support. Specific comments included, "Training is wonderful", and "They really want to keep on top of training and always ask us to let them know if we have problems." One staff member told us the provider was helping them improve their English by giving them reading books and links to lessons.
- Records did not show staff had received regular meetings with their supervisor to discuss their performance or any concerns they might have. One staff member told us formal supervision had slipped, but staff came into the office to gain support or ask advice as needed.

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

- People received support with their meals, as part of their care package if needed.
- Staff generally supported people to have microwaved meals or snacks of their choice. One person told us staff helped them cook a meal from scratch. They said they always started the meal, but staff helped them with what they found difficult.
- The support people needed with eating and drinking was stated on their care plan. However, measures to encourage a person's intake after losing their appetite in hospital, had not been identified.
- Records showed, and staff told us they would leave snacks and/or drinks out for people so they could have them later in the day if needed.
- People were happy with the support they received at mealtimes, but a relative commented staff could do better when supporting their family member. They told us, "They sometimes struggle to present a sandwich as [family member] wants or has requested, or they give wrong size spoon etc."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Systems to ensure people were well supported and well treated, were not always effective.
- There had been complaints about staff and their attitude. The provider was not aware of these, and action had not been taken to address the concerns. The provider told us they would address this and ensure appropriate action was taken.
- There was some negative feedback about the staff from people and their relatives. One person said, "Some of the staff do not really listen to me, some barely speak to me. They just do their tasks." A relative told us, "They can treat [family member] a bit like a patient or a task, and not a person. They have to be reminded."
- Two people told us staff did not announce their arrival or departure. A relative also commented on the lack of dialogue between staff and their family member. They told us they did not know if this was an attitude or language issue, but their family member found it difficult.
- The manager told us they were aware not all staff were working in a way they expected. They told us they would ensure additional staff training, support and monitoring to ensure practice improved.
- Other people and their relatives were complimentary about the staff. They described staff as "caring", "lovely", "helpful" and "sensitive".
- Some people told us they had built good relationships with certain staff. A staff member told us they tried to allocate preferred staff to people in order for the care package to be a success.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us their privacy and dignity was maintained and they were encouraged to make decisions about their care.
- One person told us staff helped them regain their independence. Another person told us "Staff do not take over and enable me to do what I want."
- Staff had received training in privacy and dignity, and equality and diversity.
- Staff had an understanding of people's rights. One staff member told us, "Each client is unique and has their own needs, my aim is to build a relationship of trust." Another staff member told us dignity and choice were always taken into account when supporting a person.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was often task orientated and did not always reflect people's individual needs.
- The electronic care planning system in place prioritised tasks, rather than promoting personalised care. This was demonstrated when a staff member had not identified a person was cold, as there was a fault with their heating. An office member of staff explained the error had probably occurred as a task to check the heating was not in place.
- Daily records were also task orientated, and not person centred. For example, staff had documented phrases such as, 'I changed her pad and repositioned her'. A relative had identified this and felt more detail was needed in the records to ensure an accurate picture. Another relative told us they could access their family member's notes online, but felt they were not very informative.
- People's health conditions were identified in their care plans, but the impact of the conditions was not detailed. For example, one care plan stated the person had changes in their emotional state, but there was no further detail to show how this was displayed or what support the person needed. Another care plan showed the person had had a stroke, but the symptoms including any weakness or difficulty with communication were not stipulated. This did not ensure staff had sufficient information or guidance to meet people's needs.
- Staff were providing support to one person in hospital. This was to 'get to know' the person, before their discharge and the start of their new care package. The records of these visits were limited and did not give information about what the staff member had learnt about the person. This did not ensure staff were aware of the person's preferences and support a smooth transition.
- Staff generally arrived to support people on time, but this was not always at a time they preferred. It had also been identified staff were not always staying the full allocation. The previous registered manager had identified this and had been monitoring the situation.

Care planning did not always demonstrate people's needs and the support they required. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they usually supported the same people to ensure consistency of care.
- Some people and their relatives were complimentary about the support provided. Specific comments included, "Generally, care is of a good standard and communication is good", and, "There is nothing we are really concerned about. They do their best." One person told us, "They are brilliant and a game changer."
- A health and social care professional told us, "Grace 247 have pulled out all the stops for one of my customers. Grace 247 have adapted to [their] needs which has enabled the care package to continue." They continued to say, "Grace 247 are not 'put off' by people who present as challenging, and they strive to build

relationships and trust, which I believe is why they are successful."

- After the inspection the manager told us they would be monitoring the time staff spent with people. They said they would also be providing staff with better guidance about when they could leave the person early.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was not being met at all times
- Concerns were raised about some people not being able to understand some of the staff. A relative told us "Sometimes there are communication problems. Some staff speak too quickly, or they will speak to her from the doorway and she cannot hear them like that. Accents and wearing a face mask do not help." Another relative said, "Staff are mainly Nigerian, lovely, but not always able to understand requests."
- Information about people's communication needs were identified in their care plans.
- Office staff told us documentation could be made available in different formats if required. This included providing a paper copy of their care plan, if the electronic version was difficult to use.

#### Improving care quality in response to complaints or concerns

- The system for managing complaints was not effective.
- Records showed there had been a range of complaints.
- The provider's complaint procedure had not been followed in response to these concerns. For example, the complaint had not been acknowledged or investigated and action had not been taken to minimise further occurrences or improve the service.
- People and their relatives told us they knew how to raise a concern or make a formal complaint. One relative told us they had complained about a member of staff. They said they were happy action was taken and the staff member no longer supported their family member. Others were waiting for a response or felt they were not handled appropriately.
- The provider told us the management of complaints had fallen short of their expectations and would ensure a review was undertaken. The manager told us they would go back to people who had raised a complaint and try to get to the bottom of why they were not happy. They said they wanted people to be heard.

#### End of life care and support

- The service was able to provide end of life care if required.
- The manager told us staff with a specialism or interest in palliative care would be allocated to support a person at the end of their life. They recognised this type of care was "not for everyone" so staff would not be deployed to do this, if they did not want to.
- Staff told us they had received training in end of life care. One staff member told us they had learnt they needed to support the person to do what they wanted, and to keep reassuring them.
- The manager told us staff would work closely with involved healthcare professionals, when supporting a person at the end of their life. This would ensure all support was undertaken in relation to the person's needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- Some auditing had taken place, but shortfalls were not always being identified or addressed.
- For example, shortfalls found during the inspection regarding care planning, risk management and the safe administration of medicines, had not been identified. This was despite regular audits of these systems taking place.
- Spot checks of staff's performance were not being completed. One of the office staff told us the spot checks had slipped over recent months, but a plan to restart them was in place. The new manager confirmed the checks would be completed monthly in the future.
- There was a lack of management oversight. For example, the provider was not aware of the complaints which had been made, or that action had not been taken to address them.
- The provider had failed to ensure the service was accurately registered. This was because the service had moved offices, but the provider had not applied to the Care Quality Commission to amend their registration. This was a breach of the condition of their registration.

Systems were not in place to effectively assess, monitor and improve the quality and safety of the service and there was a lack of management oversight. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the first day of the inspection, the registered manager was absent from work. A new manager had been appointed and started employment on the morning of the inspection.
- The manager told us they had a clear plan to develop the service. They said to enable this to be successfully implemented, they had amended the staffing structure. There were now 2 care coordinators, and 4 seniors to manage 2 newly developed staff teams. The manager said this would enable better support and monitoring of people's support and the staff team.
- The manager told us in addition to an improved staffing structure, they would be looking at staff training needs and would ensure these were addressed. This also included promoting nationally recognised training programmes.
- The manager told us they were not going to accept any more care packages until a level of stability and improvement had been reached. They said all new care packages would then be accepted slowly to enable

sustainability and the agency's reputation to grow.

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

- There was positive feedback about the registered manager and the new manager was building on the culture of the agency.
- Specific comments about the registered manager included, "She is very supportive if we have any issues or doubts," and, "[The registered manager] listens, takes into consideration what we have to say and gives us a platform to talk to them about clients."
- The new manager had met with staff to introduce themselves but also to discuss expectations and their plans for the service. They said they wanted an open culture, whereby staff would give their views honestly and request any support they needed.
- Subjects such as equality and diversity formed part of the provider's mandatory staff training plan. This promoted an open culture within the service.

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

- Systems were in place to enable people, relatives and staff to give their views about the service.
- Office staff told us they made calls to people to ensure they were happy with their support. They said there were surveys to gain feedback, although these had not been sent out to people recently.
- The new manager told us they would begin to meet people and their relatives in the new year. This would be to introduce themselves, but also to discuss and gain feedback about the service.
- A programme of staff meetings and staff supervision was in the process of being arranged. The manager told us this was to enable feedback and open communication.
- Staff contacted a range of other professionals in response to people's support as needed. This included the GP and community nurses. There was also contact with the brokerage team and other health care professionals such as occupational therapists.
- A health and social care professional told us the agency worked well with them. They said, "I have found Grace 247 to be professional, and hold themselves to high standards. From my point of view, I have always managed to speak to someone who can access answers to my queries, which is highly beneficial for the customers."



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 9 HSCA RA Regulations 2014 Person-centred care  Care planning did not always demonstrate people's needs and the support they required. Regulation 9(1)(a)(b)(c)(3)(b)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Systems were not in place to ensure consent to care and treatment was undertaken in line with legislation. Regulation 11(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not in place to identify, assess and mitigate risks to people's safety. Regulation 12(1)(2)(a)(b)  Medicines were not always safely managed. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to effectively assess, monitor and improve the quality and safety of the service Regulation 17(1)(2)(a)
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Systems were not in place to ensure all staff recruited had the qualifications, competence, skills and experience necessary for their work.  
Regulation 19(1)(a)(b)(2)