Graceland (UK) Limited

Grace Care UK

Inspection report

13 The Approach
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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

Summary of findings

Overall summary

This inspection took place on 31 August 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure there would be someone at the office at the time of our visit.

Grace Care UK is registered to provide personal care. The registered location is situated in Leicester and provides care to people who live in their own homes in and around Leicester and Leicestershire. There were six people using this service at the time of our inspection.

The service had a registered manager who was also the registered provider. 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.

This was our first inspection of this service since they registered with us.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments in relation to their care and safety which identified actions staff needed to take to protect them from risks. People were supported to take their medicines safely.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support the people who used the service.

Staff undertook a range of training to give them the skills and knowledge to ensure people were supported in line with their care needs. Staff told us they felt supported and were in regular contact with the registered manager who supported them to meet people's care needs.

Staff we spoke with had a good understanding of the key principles of the Mental Capacity Act 2005. People told us staff asked their consent before providing care. People and relatives spoke positively about the food that staff prepared for them. Staff worked with other health and social professionals to ensure that people received the health care they needed.

Positive and complimentary comments were received from people and relatives about the staff that supported them. People told us they made decisions about how they wanted their care to be provided. Staff were knowledgeable about people's likes and dislikes. Staff maintained people's privacy and dignity whilst supporting them to remain as independent as possible.

The registered manager was responsive to people's needs and changing views. Personalised care plans

were in place to enable staff to provide care the way that people preferred. Staff took the time to develop relationships with people they were supporting. People felt they could speak with staff and the registered manager about their concerns or complaints and that they would be listened to.

People and their relatives were confident in how the service was led and the abilities of the registered manager. The registered manager consulted with people to find out their views on the care provided. There were systems in place for audit and quality assurance but these required further development to evidence how the provider used audits and feedback to drive improvement and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were procedures for safeguarding people. Staff were aware of these and were confident in reporting concerns. People's needs had been assessed and risks to their safety were identified and managed effectively by staff. People were supported to receive their medicines in a safe way and there were sufficient numbers of staff available to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver the care people needed and preferred. Staff understood and worked to the principles of the Mental Capacity Act 2005. People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were described as caring and respectful by people and their relatives. Staff formed positive relationships with people they supported through detailed knowledge of people's histories and preferences. People's privacy and dignity was promoted. People were provided with information to gain a good understanding of the service before they started to use it.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet these needs. People and, where appropriate, their relatives were involved in planning their own care. There was a complaints procedure in place and people knew how to complain and felt confident that their concerns would be acted upon in a timely manner.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff gave us positive feedback that the service was well-led. Systems were in place to assess and monitor the quality of service provided and the provider gave assurance that these would be further developed.

Grace Care UK

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 inspection took place on 31 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of 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 looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. 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. This information was received when we requested it and reflected what we found during our inspection.

We spoke with three people who used the service and three relatives of people. We also met with the registered manager who was also the registered provider and spoke with two members of care staff.

We looked at three people's care records, including care plans, risk assessments and medication administration records to see if people were receiving care as planned. We sampled two staff recruitment and training files. We also sampled records about complaints and incidents, feedback from people and their relatives and looked at the provider's quality assurance and audit records to see how they monitored the quality of the service.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt the care provided by the service was safe. One person we spoke with told us, "I'm very safe with my carer. I have had no falls or accidents. They always check me to make sure I haven't had any injuries and let me know if they feel I should call the doctor." Another person told us, "I feel very much at ease and safe with staff. I always have the same staff who know me really well." A relative told us, "My family member seems to be safe with them (staff). They visit when they should and provide safe care."

People were protected from the risk of abuse. Staff told us and records showed that they had received training in protecting people from abuse and what would constitute as poor practice. Staff demonstrated that they had a good understanding of how to respond if they had concerns about people using the service. One staff member told us, " If a person confided in me, I would not promise that I wouldn't tell anyone. I have a duty to report concerns and I would explain to them I would have to report it to my manager or to social services to ensure they were safe." Another staff member told us, " I would report any concerns to my manager and I know he would respond immediately." The registered manager understood their role and responsibilities with regard to safeguarding procedures and was aware of the procedures for raising any concerns. We found that the provider's safeguarding policy did not include contact details for external agencies such as the local authority and Care Quality Commission. This is important to ensure people have access to information to raise safeguarding concerns outside of the service. The provider told us they would update their policy to ensure contact details for relevant external agencies were included.

We saw that the provider had records to demonstrate safe recruitment practices for staff. We looked at two staff recruitment files which confirmed that recruitment practices were safe and that checks had been undertaken prior to staff working unsupervised for the service. Checks included the staff member's previous employment history, proof of identification and a check with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and shows if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This showed that the provider had reduced the risk of unsuitable staff from working with people using the service.

The registered manager had assessed and recorded the risks associated with delivering people's care, such as risk of falls, specialist health conditions and use of specialist equipment, such as standing hoists. Risk assessments also included risks relating to people's environment. We saw risk assessments were centred around the person to keep them safe whilst enabling them to have as much independence and choice as possible. For example, one person's risk assessment recorded that the person was at risk of fatigue whilst transferring. The registered manager had assessed that the person wanted do as much as possible for themselves. We saw that the person was allocated two staff so that one staff member could support the person and the other staff member could stand behind the person with a wheelchair in case they became tired. This meant that staff had the guidance they needed to keep the person safe.

People and their relatives spoke positively about the consistency of the staff who supported them and felt there were enough staff to meet people's needs. One person told us, "I have one carer who is very good. I am

reassured as I always know who is coming. They are always on time." A relative told us, "Staff are consistent and on time. They will let us know if they are likely to be late. We have not been let down." We looked at the schedule of calls which detailed what time people needed their call and which staff were allocated to each call. We saw that people received care from the right number of staff as detailed in their care plans.

We looked at how the service supported people with their medicines. Staff were trained in the administration of medicines. The provider had policies and procedures regarding medicines management for staff to refer to. People using the service told us staff prompted them to take their medicines which were dispensed in blister packs. They told us they were happy with the support they received to manage their medicines. Medication Administration Record (MAR) sheets were available within people's care files and we saw staff had signed to confirm they had supported people with their medicines.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us staff were good at meeting their preferred and individual needs. A person we spoke with told us, "They (staff) are on the ball with my care. They make sure my dressings are okay and I don't need external medical help as much now because of their help. They (staff) know my routines so I don't need to explain much and it's just like chatting with a friend of family member when they help me. I feel very much at ease with them." Another person told us, "I have the same carers and I rely on this consistency. The staff are able to do additional things without me needing to explain. For example, they will give me a particular item of clothing which they know I will like. Things that are very personal and important for me." A relative told us, "Staff help my family member with personal care. If they spot something of concern, they alert us to get the doctor. Staff always provide care properly and gently. I would definitely recommend them."

Staff we spoke with told us they undertook a range of training to enable them to carry out their job effectively. One staff member told us, "I feel I have undertaken enough training to give me the skills and knowledge I need to do my job, such as medication and manual handling." Another staff member told us they had undertaken all of the training the provider considered essential, such as manual handling, and this had given them confidence in their work. Staff training records that we saw confirmed staff had undertaken a variety of face-to-face and e-learning training which was kept up to date.

We looked at staff training files and saw staff were provided with and completed an induction before they started working for the service. One staff member told us that their induction included one week training with the registered manager covering the values and essential training required for the role. They explained their induction also involved shadowing experienced members of staff to observe practices and be introduced to people. Another member of staff confirmed they had an induction and that they had the opportunity to be introduced to people and read care plans during the shadowing (working alongside) of experienced staff. We saw that new staff had a record of their shadow shifts within their induction which included feedback from the experienced staff member on how the trainee had communicated with the person and general observations. This was used by the registered manager to ensure staff were competent before they began working on their own. This meant staff had received induction and training that gave them the skills and knowledge they needed to support people effectively.

Staff we spoke with felt supported to do their job. They advised us that they were in regular contact with the registered manager. One staff member told us, "I only have to ring the manager and he is there. We don't meet very often formally but we work alongside each other and he gives me feedback on my performance through spot checks and observations. Another staff member told us, "If I call the manager, he sorts things out. We see each other a lot and he makes time for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 it is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We looked at people's care records and saw that people's choices and decisions had been recorded within their care plans. Wherever possible people had signed their care plans to indicate their consent to the level of care they needed. People and relatives spoke positively about staff seeking consent before providing care and respecting people's choices. Staff we spoke with demonstrated they were aware of the importance of seeking consent and respecting people's right to decline their care. One staff member told us, "I always check if people are happy with how I am helping them, either by asking them or watching their body language. If someone declined their care, I would try to find out why and discuss this choice with them. I would respect their choice and report this to the manager."

Some of the people we spoke with needed staff to help them with the preparation of meals and drinks. People and their relatives told us staff always gave them choice with their meals and prepared meals to their individual preferences. One person told us, "My meals are done well. For example, at breakfast they (staff) always check what I want. Any food is done nicely and they make sure I have my vegetarian food. The staff member leaves things tidy and washes up." A relative told us, "They (staff) make sure my family member has their meal and drinks. No food is left lying about and they always clean up after the meal." A staff member told us, "I always make sure meals are presented nicely."

Staff had the relevant information from people's care plans and could consistently describe people's dietary and nutritional needs which were clearly documented within people's care plans. For instance, one staff member told us how they knew that a certain day of the week was special for one of the people using the service and made sure they brought treats in on that day in line with the person's cultural preferences. The staff member told us they did this as part of providing care because they knew it was important to the person.

People's healthcare needs were assessed as part of their care plan. Staff were able to explain what they did to help people to maintain good health. Staff explained how they provided feedback either to the registered manager or to a relative if they observed a change in a person's health and well-being. One person told us, "They (staff) look out for sores and infections and they respond straight away. They work well and communicate with the district nurses." The person described how staff supported them to access medical care when they felt it was needed and this was encouraging to support their long-term care. A relative told us, "When they (staff) are providing care, they get the doctor for my family member if it's needed. They also point out sores or other risks and contact health professionals to get these treated early." This meant people were supported to obtain the healthcare they needed to ensure their health and well-being was maintained.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and people were happy to be supported by the service. One person told us, "The care feels like it's built around my feelings. My carer is a good listener. Everything about the care is good." Another person told us, "The carer I have is pleasant, polite and very caring. Nothing is too much trouble. I am really impressed, they (staff) are very caring." A relative told us, "They (staff) are very reliable. They are lovely with my family member which is reassuring for me as well. Staff are polite and respectful and also very cheerful which is helpful. They do stay over and do extra things if it's needed."

The registered manager was able to explain different people's needs and told us he always undertook the initial assessment so that he had a clear understanding of what these were. The registered manager was knowledgeable about people's needs and explained that he also supported people to meet their care needs and provided cover for people's usual staff. People confirmed they had consistent staff who stayed for the full length of the call and often longer. This meant that people were supported by consistent staff who were familiar with their needs and preferences.

We received positive comments about how staff respected people's dignity and privacy. One person told us, "They (staff) help me with very personal things and they do so with dignity and safety. It's all done with great care." Staff we spoke with understood what privacy and dignity meant in relation to supporting people. One staff member told us, "I recognise that people can feel exposed when I am helping them with personal care so I don't stand watching them. I shut the door and give them some privacy when they need it."

People told us staff were respectful of both them and their homes. One person told us that staff always made sure their shoes were not muddy when they entered the house and left the house tidy. Another person was able to describe how staff were respectful of other family members. They said staff were aware they were working in a family household and showed respect for this by involving family members and greeting them.

Care plans and assessments included information about people's views, wishes and choices. These included specific wishes regarding how they liked to be cared for and how much they could do for themselves. People confirmed they had been involved in developing their care plan and were able to say how they wanted their care to be provided. For example, one person's care plan recorded that they needed staff assistance to have a shower each day. The care plan included guidance as to how much the person was able to do for themselves, what they liked to have around them and what tasks they needed staff to help them with. Staff we spoke with were aware of the importance of respecting people's choices.

People were provided with information about the service before the service commenced. This included a service user handbook which provided information about the care the service was able to deliver, key contact details for the service and a care agreement. We saw that one person had provided feedback through a quality audit. They had recorded, "The provider told me about services and gave me information about what I should expect from them. They told me how I could raise concerns." This enabled people to

gain an understanding of the service before they started to use it.

Good

Is the service responsive?

Our findings

People and their relatives told us the service met their care needs and that the service responded if their needs and views changed. One person told us, "If I want something done a little differently I just say and my carer or the registered manager will just do that." Another person told us, "The service is very personal. For example, I wanted a change in my times and they (registered manager) sorted it all out so I had more time at the weekend with my family. " A relative told us,"I see the registered manager every week at some time. We discuss everything - there is regular dialogue."

The registered manager carried out an initial assessment of people's needs before they started offering a service. This included visiting the person and liaising with other health and social care professionals, such as social workers or hospital staff. People's relatives were involved wherever possible. We saw assessments of needs were used to develop the person's care plan. People's care plans were comprehensive and included details about the person's preferences as well as their care needs. People and their relatives confirmed they had been involved in this process. One person told us, "When it (the care package) was set up, the registered manager spent time with me going through it. They co-ordinated the care along with my nurse." Another person gave us an example of where the service had re-assessed their needs following an admission to hospital and made sure they had the right care in place to enable them to return to their home.

We saw information in people's care records that the provider was responsive to changes in people's needs. For example, one person's daily care records noted a change in the person's normal responses and behaviours. We saw that the registered manager had responded to this by contacting the person's GP for advice and support. As a result, the person received timely care and treatment. Another person's care records showed the registered manager had responded to changes in the person's mobility needs by requesting an assessment with specialist health professionals. The person's care plan had been updated to reflect the change in need and additional equipment was put in place to support the person.

People and their relatives confirmed they were involved in the review of their care. One person told us, "The registered manager checks up and he is on the telephone regularly. We did a more formal review and the health visitor came as well." We saw that care records were regularly updated but there was no record of people being involved in the review. The registered manager explained that, following a formal review, they updated the care plan but did not keep a record of the actual review to demonstrate people's contributions to the review of their care. They told us they would record a summary of the review meeting and include in the person's care plan for future reviews of care.

The provider had a complaints policy and procedure in place. People and their relatives told us they felt able to raise concerns with the provider and were confident that issues would be dealt with in a timely manner. None of the people we spoke with had raised a complaint about the service. One person told us they had raised a concern with the registered manager and found them easy to get in touch with and had resolved their concerns to their satisfaction. The complaints procedure was included in people's care agreements, This meant that people had access to information to pursue complaints including contacting external agencies for advice or if they felt their complaint had not been resolved to their satisfaction. The service had

received one complaint within the last 12 months and we, the Care Quality Commission had not received any concerns about this service.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were happy with the care provided by the service and with how it was managed. One person told us, "I have used this service for a while and the care has settled down well. I would not now use another service. The previous agencies I used were very institutionalised. This one isn't. They are very flexible." Another person told us, "The (registered) manager seems to like to keep in touch with things and he takes action if anything needs to change." Two relatives told us they felt the care was very good and would recommend the service to other people.

This was the service's first inspection since they registered with us. The service had a registered manager who was also the registered provider. They were in day-to-day control of the service. Through discussions, they demonstrated that they understood their responsibilities and were very knowledgeable about the needs of the people who used their service and each member of staff.

The registered manager told us they met with staff on a regular basis individually. Staff confirmed this and told us they felt involved in the running of the service and were able to share their views about people's care directly with the registered manager. Staff attended training sessions and worked alongside the registered manager. This enabled them to share examples of good practice and keep up to date with any changes within the service.

There was an on-call system so staff could receive leadership and guidance from the registered manager when required. Staff told us that the registered manager responded to calls and was always available for support. One staff member told us, "I see my manager on a regular basis. We share information and talk about what's going on. He is always available to talk to you." Another staff member said, "I can always get hold of my manager, he is quick to respond. I can make suggestions as to how things need to improve and he acknowledges this."

The registered manager had processes for monitoring the quality of care people received. They conducted themed service satisfaction surveys every four months to capture people's views on issues such as safety, quality of the service and staffing. We looked at a sample of recent surveys for 2016 and saw that comments were positive. People and their relatives had rated their care highly. One person had recorded in their feedback that the service provided, "Safe, supportive, sympathetic care provided consistently to a good standard."

There were systems in place to check that people were receiving good care. We saw records which showed that the registered manager conducted observational audits of how staff supported people in their homes. These included unannounced spot checks of staff competence and compliance with the provider's policies and procedures. Records showed and staff confirmed they had received feedback on their practice and performance following observational audits. People were also asked to provide feedback about their care as part of the observational audits and this was recorded. This information was used to improve the quality of care provided by staff.

The registered manager told us they reviewed people's care records, including medicine records and daily care notes, during observations of staff working practices. However there was no information to show that checks on care records or people's medicines had been undertaken. Quality assurance systems were fragmented and there was little evidence that the provider was using information and feedback to improve and develop the service. We discussed this with the registered manager who assured us that their quality assurance systems would be further developed.

The registered manager understood their legal responsibilities within their role including their responsibility to notify us, the Care Quality Commission of significant events and incidents within the service. At the time of our inspection there had been no significant events within the service that required notification.