Greys Nursing Limited

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Inspection report

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01 May 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Greys Nursing Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Greys Nursing Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care to five people.

People's experience of using this service:
People and relatives were generally satisfied with the care they received from regular staff who knew them well. However, people's care records provided insufficient information about their care needs and preferences and the support they required from staff.

Medicines were not managed safely. There was a lack of documentation to show what medicines people were prescribed, who administered them and whether they had been taken.

Risks to people were not fully identified, assessed and recorded.

Systems in place to monitor and oversee the quality of the service were not effective as issues we found in relation to medicines, risk management and care planning had not been identified or addressed.

Staff were safely recruited and received the training and support they needed to undertake their role.

People and relatives said staff were kind and caring, treated people with respect and maintained their privacy and dignity. They said staff arrived on time and had enough time to provide support without rushing.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, person-centred care and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Good (report published 18 October 2016)

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will ask the provider to submit an action plan to show how they will make improvements. We

will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Greys Nursing Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Greys Nursing Limited is a domiciliary care agency providing to support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was announced. We gave the service short notice of the inspection visit because it is small and we needed to be sure the registered manager would be in the office.

Inspection site visit activity started on 15 April 2019 and ended on 1 May 2019. We visited the office location on 30 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:
We reviewed information we had received about the service since the last inspection in October 2016. This included details about incidents the provider must notify us about. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority safeguarding and contracting teams.

We spoke with one person who used the service and the relative of another person on the telephone to gain their views on the care provided. We spoke with the registered manager, a senior care staff member and three support staff.

We reviewed a range of records. These included three people's care records. We looked at two staff files, documents relating to the management of medicines and quality monitoring records.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Using medicines safely

• Risk management relied on verbal communication between staff and there was a lack of documentation to show how risks had been identified, assessed and managed.
• On one occasion staff had not been able to gain entry to a person's house as the staff member was not aware they needed to knock on the window so the person could hear them. Appropriate action was taken at the time and no harm was caused. However, none of this information was included in the person's risk assessments or care plans.
• Risks to people were not always fully identified and there was a lack of guidance for staff on how to reduce risks. One person had complex health care needs and a range of specialist equipment. There was a lack of information for staff about how to use this equipment safely.
• Risk assessment documentation was not always fully completed and comprised mainly of tick lists. One person's assessment showed they had occasional falls, however there was no other information about this or guidance for staff on how to reduce the risk of falling.
• There was no criteria within the risk assessments to show how the level of risk had been determined. One person's moving and handling assessment showed they used a hoist and the risk had been assessed as low. There was no information to show how this judgement had been made.
• The registered manager acknowledged risk assessment documentation needed to improve.
• Medicines were not managed safely.
• Although staff had received medicines training there were no checks in place to ensure their competency.
• The service was not clear about its roles and responsibilities relating to medicines. There was a lack of information about medicines and no clear guidance for staff on the support people required.
• Staff had to remind and make sure one person had taken their medicines. There was no medicine assessment or care plan to guide staff and no record of the medicines the person was prescribed or had taken.
• Another person's care records listed medicines they were prescribed, however there was no information to show who was responsible for administering these.
• The provider's medicine policy did not reflect current national guidelines.

The lack of risk assessments and poor medicine management systems meant that people were at risk of unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Staffing and recruitment

• There were enough staff to meet people's needs.
• Staff said the rotas were well organised giving them sufficient time to meet people's needs safely and without rushing.
• The person and relative we spoke with said staff were reliable and turned up on time. The relative told us, "It's only a small number of carers that go in, no more than four at most. So, [my relative] recognises them all. Also the service puts the name of each carer on the calendar so [relative] knows who to expect."
• Staff were recruited safely with all required checks completed before they started in post.

Systems and processes to safeguard people from the risk of abuse
• Systems were in place to protect people from the risk of abuse.
• Staff had received safeguarding training and understood how to recognise abuse and protect people from the risk of abuse.
• The registered manager told us there had been no safeguarding incidents.
• When we asked one relative if they felt their family member was safe they replied, "Absolutely, I feel [my relative] is safe with the carers."

Preventing and controlling infection
• Infection control was well managed.
• Staff had received infection control training and had access to a supply of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong
• The registered manager told us there had been no accidents or incidents. Reporting systems were in place and staff were aware of these.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed by the registered manager before the service commenced.
• Our discussions with the registered manager showed people's needs were reviewed to ensure the care they received met their choices and preferences. However, records of these discussions were brief and care plans had not been updated where needs had changed.

Supporting people to eat and drink enough to maintain a balanced diet
• Our discussions with staff showed they knew how to meet people's nutritional needs.
• However, people's care records provided very little information about people's dietary requirements, their likes or dislikes or if they needed support with eating and drinking.

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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
• The registered manager and staff had completed training in the MCA. However, there was a lack of understanding around the use of MCA assessments and people's mental capacity to make specific decisions and any support they may require with this.
• People and their relatives were involved in decisions about their care and consent was recorded in the care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Care records provided contact details for health and social care professionals involved in people's care.

Staff support: induction, training, skills and experience
• Staff told us the training they received was good quality and kept up to date. Systems were in place to monitor training and make sure it was kept updated.
• One person raised concerns about the lack of specialist training for staff. We saw certificates which confirmed staff had received up to date specialist training from a health care professional that included checking the staff were competent in the procedures. This was also confirmed in our discussions with staff.

• New staff completed induction training and had a period of shadowing more experienced staff before working alone.
• Staff told us they felt well supported by the registered manager and received regular supervision and an annual appraisal.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• The person we spoke with said they liked the staff who visited them. We spoke with another person's relative who was also happy with the staff. They said, "The carers seem very good. [My relative] is always satisfied with them and is happy when they visit. [Staff] are very good with [my relative], especially the regulars as they know what [my relative] likes."
• People benefitted from having a small team of care workers who knew them well and how they liked things done. This helped staff to ensure people got the care they needed.
• Staff were kind, caring and respectful when they spoke with us about the people they supported.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in discussions and decisions about the care and support provided.

• One relative said, "When the care plan was first written I was very much involved. There's a copy of the care plan in the house. Carers use the communications book very well. I look at the book twice a week to see what's happened."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was maintained.
• One relative said, "Staff are always extremely respectful. When they tell me about when [my relative's] been upset, they speak about it with the dignity and the respect I'd expect. They're very professional."

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Our discussions with staff showed they knew people's needs and how to meet them. However, this information was not reflected in people's care records which contained very little information about their care needs or the support they required from staff.
• A care update in June 2018 showed staff visited one person five times a week and supported the person with medicines and their meals. There were no care plans for this person.
• Another person employed their own staff but also had support from care workers from Greys Nursing Limited. There was detailed information which had been completed by a NHS professional regarding the person's medical conditions. However, Greys Nursing Limited had not completed any care plans to show the support their care workers needed to provide to meet this person's needs.
• There were no daily records available in the office for either of these people. The registered manager told us these were available in people's homes but there were no systems in place to bring them into the office.
• Our discussions with staff showed they were contacting people to discuss and review their care needs with them. However, these discussions were not fully recorded.

The lack of personalised care plans meant people were at risk of receiving inappropriate care that did not meet their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns
• People were provided with a leaflet about the complaints procedure. However, details of the ombudsman were not provided within the procedure.
• No complaints had been received since the last inspection.
• A relative told us they knew how to raise a complaint but had not needed to do so. They said, "I'd contact [registered manager] straightway; she's always very responsive."

End of life care and support
• At the time of our inspection there were no people using the service who were at the end of their life.
• Staff had received awareness training in end of life care. The registered manager said if they were asked to provide specialist end of life care then they would arrange further training and support for staff.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have effective systems in place to monitor the quality of the service provided.
- There were no audits in place. The registered manager told us care plans, daily records and medicine administration records were checked by senior staff when they went out to people's homes to do reviews. However, there were no records to show what had been discussed or agreed on these visits.
- The registered manager told us they used to carry out spot checks on staff in people's homes to make sure support was being delivered appropriately but these had stopped about eight months ago. They were not able to show us any records of previous checks.
- There were no systems in place to check staff had arrived for calls or stayed the full duration. Our discussions with the registered manager and office staff showed they relied on relatives and staff to give them this feedback. We saw daily records for one person but no call times were recorded.
- The registered manager told us they had regular meetings with the provider and they discussed all aspects of the service. However, these meetings were not recorded.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to feedback throughout the inspection and told us of actions they would be taking to improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff felt the service was well managed. They praised the registered manager and said they would recommend the service as a place to work.
- The relative we spoke with said, "The manager is very approachable and I am able to contact her when I need to. I would recommend this service and have done so. Grey's staff are very good and they made [my relative] feel safe. So [my relative's] always happy for them to come in."

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

• People and their relatives knew how to contact senior staff and the registered manager. The registered manager asked people and their relatives to comment on the service provided. This was through telephone calls, face to face reviews and quarterly satisfaction surveys.
• The management team supported the staff team, as well as the people they provided a service to. Staff said they could contact the registered manager and office staff for support.
• Staff worked in partnership with other professionals to ensure that people received joined-up care.

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 People's care and treatment was not assessed, planned and recorded to meet their needs and preferences. Regulation 9 (1)(a)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people who use the service and others were not identified, assessed and mitigated. Medicines were not managed safely and properly. Regulation 12 91)(2)(a)(b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems for governance were not sufficiently robust to have identified the issues we found on inspection. Regulation 17 (1)