

People First Care (Homecare) Limited

The Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grange provides personal care to people living in their own homes. At the time of our inspection, the service supported 30 people.

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

People told us they felt safe with the staff who came into their homes. This was confirmed by relatives. One relative said, "They are literally our eyes and ears to keep my mum safe and happy and I can't thank them enough."

People and relatives told us that care and support was provided by a consistent team of staff. One person said, "Time keeping is never a problem. We always know who's going to be coming, from the rota we get from the manager."

Overall, medicines were managed safely. We identified several recording shortfalls which the registered manager told us would be addressed.

People were supported to eat and drink enough to maintain their health and wellbeing. Where required, staff assisted people to access healthcare services and receive ongoing healthcare support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager was strengthening their documentation relating to mental capacity assessments and best interests' decisions to ensure all areas of the process were evidenced.

People received personalised care which reflected their needs and preferences. One relative told us, "Her quality of life is much better with the support of the carers. She goes on trips to other villages and into Morpeth and they also take her to the dentist and opticians."

A complaints procedure was in place. This did not accurately reflect CQC's role in relation to complaints. The registered manager told us that this would be addressed. None of the people or relatives we spoke with raised any concerns or complaints.

Audits and spot checks were carried out to monitor the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 January 2019). We identified three breaches of the regulation. These related to staffing, need for consent and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Grange

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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

Inspection activity started on 17 January 2020 and ended on 31 January 2020. We informed the provider that we had started the inspection on the 17 January 2020 and requested information relating to good governance. We informed them of when the site visit would take place. We visited the office location on 31 January 2020. The expert by experience contacted people and relatives by telephone

What we did before the inspection

The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

On 22 – 23 January 2020, the expert by experience telephoned 11 people and relatives. Two people and three relatives provided feedback about the service. We contacted another relative by email.

We spoke with the regional manager, the registered manager and one care worker. We contacted three care workers by email and received feedback from them about what it was like to work at the service. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at two people's care plans and recruitment checks for one staff member. We also reviewed training and supervision records, medicines administration records and records relating to the management of the service.

We emailed six health and social care professionals for their feedback.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection, we found that risk assessments were not always robust and medicines care plans did not consistently reflect how staff were supporting people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks were assessed and monitored.
- Overall, medicines were managed safely. We identified several recording shortfalls which the registered manager told us would be addressed.
- There was a system in place to record and monitor accidents and incidents. Accidents and incidents were low. No trends or themes had been identified.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. One relative told us, "They flex the visits and times and type of care and support to meet my [relative's] needs as quickly as they can. I literally email [name of registered manager] at any time and she responds really quickly."
- There had been no missed calls. People and relatives told us that care and support was provided by a consistent team of staff.
- Overall, safe recruitment procedures were followed. A full employment history had not always been obtained. The registered manager told us that this would be addressed. Recruitment was ongoing. The provider was looking to extend the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People told us they felt safe. One person said, "The care staff are consistently good and I feel very safe with them." A relative said, "The staff all seem to be honest and reliable."

Preventing and controlling infection Systems were in place to prevent infection.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we identified shortfalls with staff training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were cared for by staff who were trained and supported. One person told us, "The carers are all well trained in my specific needs. For example, they've been shown how to administer my medication."
- Staff underwent induction training when they first started work. One staff member told us, "I underwent an extremely supportive induction period which included a number of hours in the office going through policies and procedures, both independently and with the support of management. This involved some reading independently, but with plenty of capacity for question and answers, the odd cup of coffee, and a much valued opportunity to meet with some other members of the home care staff team. I was made to feel very welcome, comfortable and supported."
- A supervision and appraisal system was in place. Staff told us there was sufficient training to enable them to meet people's needs. Several staff had transferred from another home care provider. Further training was being provided for these staff.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection information relating to whether people had a Lasting Power of Attorney (LPA) was not fully available. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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.

- At the time of our inspection, the service did not support anyone who was deprived of their liberty. Overall, staff followed the legal requirements of the MCA. They considered the least restrictive ways of working.
- Staff had requested copies of lasting power of attorney documentation from relatives. They were still awaiting some copies to be sent. One relative told us, "All the siblings have LPA for health and welfare, which the managers and staff are aware of. We get on well with the care staff and they respect our need to be kept involved in decision making."
- The registered manager was strengthening their documentation relating to mental capacity assessments and best interests' decisions to ensure all areas of the process were evidenced.

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

- People were supported to eat and drink enough to ensure their health and wellbeing. One relative told us, "The carers monitor [name of person's] cooking and feeding and assist only when needed. They have an excellent ability to help them maintain as much independence around eating as possible, whilst making sure they eat well and get enough to drink."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support when required. We received positive feedback from health and social care professionals who described staff as, "professional," "approachable" and "proactive."

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

- People's needs were assessed. These assessments were used to devise a plan of care. We discussed with the regional and registered managers about the introduction of more evidence-based assessment tools which the registered manager told us she was going to introduce.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were treated with kindness. People and relatives spoke positively about the service and the care provided. One person told us, "The carers are simply the most friendly and thoughtful, caring people."
- We heard of acts of kindness which staff had done to increase people's sense of wellbeing. One relative said, "My mum always says how kind the carers are and genuinely enjoys their visits. They have gone above and beyond what is expected, and my mum feels really well looked after. [Name of registered manager] once offered to cut my mum's grass herself when the gardener didn't turn up and my mum was upset by the untidy garden."
- Another person was upset when a care worker arrived, because a sheep was trapped in the fence outside her house. The care worker went out and freed the sheep. The care worker stated, "After a struggle, the sheep was free and [name of person] was happy!"

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence.
- People's care plans described what a person could do independently and what they needed support with. At the most recent survey, 61% of people strongly agreed that the support they received from staff helped them remain as independent as possible; 38.9% agreed.
- Staff liaised with health and social care professionals to make sure people had equipment which promoted their independence.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. One person told us, "They talk to me about my care and know exactly how I like things to be done. I couldn't say any of them are better or worse than the others - they're all superb."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our previous inspection, an effective system to review people's care was not fully in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received personalised care which reflected their needs and preferences.
- Review meetings were carried out to help ensure that people's plan of care met people's needs. One person told us, "Sometimes a manager will come to the house to make sure we are happy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. Easy read formats and picture cards were currently used. The registered manager told us if information was required in a different format then this would be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met. People were also supported to access the local community if this was part of their plan of care.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This did not accurately reflect CQC's role in relation to complaints. CQC is not directly responsible for resolving individual complaints for people; this is the role of providers and the ombudsmen. However, CQC does want to hear from people who experience or know about poor care because we use this information when we are inspecting services. The registered manager told us that she would update the procedure.
- None of the people or relatives we spoke with raised any concerns or complaints.

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs.
- We were informed by one staff member about their particular experience of providing end of life care. They recognised the importance of caring for and supporting the relative as well as the person. They said, "It was great to be able to maintain this relationship with both of them, to continue to walk the final journey with [person] and to continue to support [relative] and the rest of the family. To work together as a staff team and to nurture and to care for each other. It was a wonderful, professional experience, as well as a supportive and welcome experience for the family as a whole."

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection, an effective quality monitoring system was not in place. In addition, records were not always well maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A range of audits and spot checks were carried out to monitor the quality and safety of the service. We discussed with the registered manager about how these could be strengthened further.
- Staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.
- The registered manager understood their responsibilities in relation to the duty of candour.

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

- The service had an enabling and inclusive culture which sought to improve outcomes for people. Staff supported people to live as full a life as possible.
- People and relatives told us they were happy with The Grange and the care provided. One relative told us, "Their visits and the care they give has meant my mum has remained out of hospital and not needed residential care yet, which was one of her wishes before she had dementia, to remain in her own home."
- Staff spoke positively about their colleagues and the care provided. Comments included, "I think we are a strong staff team. I feel very safe within it. There is strong attention to detail...we work within a friendly and relaxed office and support network" and "We all are caring and that comes from [name of registered manager] herself downwards."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running of the service. One relative told us, "Communication is as good as it can be. We are completely happy with the management of the service."

- Meetings and surveys were carried out. Improvements had been noted by people and relatives at the most recent survey.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.
- There were close links with the provider's two care homes which also provided day care. Some people attended the day care services.
- Management staff attended various forums including those held by the local authority and the Skills for Care North Northumberland Network, to build on their knowledge and skills and share good practice.