

St Gregory's Homecare Limited

St Gregory's Homecare Ltd

Inspection report

46 Market Street
Carnforth
Lancashire
LA5 9LB

Tel: 01524720189
Website: www.sgh-homecare.co.uk

Date of inspection visit:
13 December 2023
02 February 2024

Date of publication:
07 March 2024

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Gregory's Homecare Ltd is a domiciliary care service providing personal care. At the time of our inspection the service was supporting 77 people. The service provides support to older people and younger adults including people living with dementia, physical disabilities, sensory impairments, mental health conditions and learning disabilities.

Not everyone who used the service received personal care. The Care Quality Commission (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

The provider had made significant efforts following the last inspection to improve their quality monitoring and governance systems. Despite this, these systems had not been effective and further changes had not been embedded or sustained. People told us they experienced inconsistencies in their care visit times, with these taking place earlier or later than planned. This remained an ongoing issue from previous inspections. The registered manager was reviewing this and making changes but we could not be assured these would improve people's experiences and outcomes.

People felt safe with the support they received. Risks to people were identified and managed and appropriate safeguarding processes were in place to protect people. People's care visits were not always organised to allow sufficient gaps between medicine doses. The provider's medicines audits were not always robust and identifying this shortfall.

People's care was not always effective and did not always promote a good quality of life for people. People's care visits were not always consistent and this affected the majority of people using the service. One relative said, "It can be very chaotic. The times are all over the place, [person] is constantly ringing to find out when the carers are coming." Although staff had received training to support them in their roles, people and their relatives told us there were variations in the standard of care they received.

Staff provided kind, empathetic care to people. People and their relatives spoke positively about the approach by individual care staff. People's dignity, privacy and choices were respected.

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.

Care plans reflected people's preferences and helped staff provide person-centred care. People's communication needs were met. Further work was needed to demonstrate how people had the opportunity to discuss their future care wishes. People and their relatives knew how to raise any concerns or complaints

and gave mixed feedback on whether actions taken to address these were sustained.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 February 2023) and there were breaches of regulation.

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 the provider had addressed some breaches in regulation but remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified breaches in relation to 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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Gregory's Homecare Ltd

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 carried out by 2 inspectors and a regulatory coordinator; 2 inspectors attended the location's office and a regulatory coordinator made telephone calls to staff off-site. Telephone calls to people who were using the service and their relatives were made by 3 Experts 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 homes.

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 CQC 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 December 2023 and ended on 2 February 2024. We visited the location's office on 13 and 20 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 19 people who use the service and 8 relatives about their experiences of the care provided. We spoke with 14 staff including the nominated individual, registered manager, office staff and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care records and multiple medicines records. We looked at 4 staff recruitment files and 5 staff supervision records. A variety of records relating to the management of the service, including audits, policies and procedures, training information, complaints, meeting minutes and questionnaire results were reviewed. We received feedback from 3 professionals who regularly work alongside the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

At our last inspection the provider had failed to have robust systems in place to support the proper and safe use of medicines. This was a breach of Regulation 12 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 12.

- Although improvements had been made to medicines, the provider did not always have effective systems in place to monitor and improve medicines practices.
- People's care visits were not always organised to ensure medicines were administered with sufficient gaps between the doses. For example, where paracetamol needed to be given 4 hours apart, care visits for 2 people were too close together for them to safely take their paracetamol.
- Medicines records did not contain details of the quantity of topical medicines, such as creams, that should be applied when supporting people with these medicines.
- Medicines audits were not always robust and did not look at all aspects of medicines administration. For example, whether medicines had been administered with enough time between doses.

Robust systems had not been established to assess, monitor and improve medicines. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review medicines audits following our feedback.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 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 13.

- The provider had systems and processes in place to ensure concerns were identified and reported to the local safeguarding team. This helped keep people safe from the risk of abuse.
- Staff had been trained to identify, respond and escalate any safeguarding concerns. One staff member said "[Safeguarding], it's how to keep somebody safe from harm and neglect."
- The provider worked with the local authority to gather information and where appropriate investigate safeguarding concerns in an open and objective way.
- People felt safe with the care they received. One person said, "I'm not worried about any safety issues with my care."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage risks to people's safety. This was a breach of Regulation 12 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 12.

- People were protected against avoidable harm.
- Risk assessments had been improved, people's risk assessments were person-centred and helped staff to anticipate and respond to risk.
- Further work was needed to identify risks linked to people's care visits not always taking place at regular times.

Staffing and recruitment

- People received support from staff who had been recruited following safe recruitment processes.
- Staff had the skills to provide safe care.
- Some staff worked across large geographical areas, which presented challenges to providing people with a consistent and reliable service. One staff member said, "Sometimes we are overloaded on the [care visits], a bit more travel time would be better and it would be better to have more staff covering smaller areas." Another staff member told us this issued affected people's care. They said, "You can't give the quality of care to the person."
- People and their relatives told us their care was not always consistent and they received care from a number of different care staff, including less experienced staff, which at times impacted on their wellbeing. One person said, "I want a more regular service with regular staff who I can expect on a daily basis. The chopping and changing is too upsetting for me".

Learning lessons when things go wrong

- Systems were in place to report, record and address safety concerns.
- Staff knew how to respond to emergencies to keep people safe and ensure people received the support they needed.
- Accidents and incidents were investigated by staff and managers and action taken to keep people safe and help prevent reoccurrences in the future.
- Lessons learnt were shared with staff to support improvement across the service.

Preventing and controlling infection

- The provider managed risks linked to the infection prevention and control well.
- Staff had received training and followed policies and procedures to manage infection risks to people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support was not always organised to achieve good outcomes for them or promote a good quality of life.
- People's care visits were not always being organised to provide effective care and support. Care visits were not always taking place at people's preferred times or at the times scheduled.
- Concerns about the timings of care visits were raised by people, their relatives, some staff and professionals that worked with the service. 16 out of 25 people and relatives told us care visit timings were an issue for them. One relative told us, "The times are all over the place, [person] is constantly ringing to find out when the carers are coming."
- People's care visits regularly took place earlier or later than scheduled.
- The provider's referral and assessment processes were not always robust enough to ensure all relevant information was received about people prior to staff providing their care. The registered manager told us they were working with commissioners to prevent this happening in the future.

Systems had not been established to robustly assess, monitor and improve the quality of the service This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were working with commissioners and people to review people's preferred visit times.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff providing care to people had the competence, skills and experience to do so safely. This was a breach of Regulation 18 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.

- Staff had the knowledge and skills needed to support people; they received the training and induction they needed to carry out their job. One staff member said, "There's a lot of training and it covers more than you ever encounter."

- The provider had systems in place to monitor staff practice and identify where staff needed to update or complete additional training to carry out their roles effectively.
- Supervisions and checks were used to review staff practice and support their development. Staff received feedback from the provider and people who used the service to identify areas of good practice and areas for development. One staff member told us, "I get letters from [the office] to say people have fed back about me."
- At the time of our inspection, no-one with a learning disability was receiving the regulated activity of personal care. Staff had received training in this area and the provider's policies were up to date to support them to deliver this care if required.

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

- People had sufficient food and drink throughout the day.
- At times, people's care visits were not always organised to ensure they had regular meals spaced throughout the day. One person told said, "They are late coming to do my breakfast and my lunch is at the same time as they were so late doing the breakfast visit."
- People's dietary requirements were met. For example, staff understood the size pieces of food should be to meet people's assessed dietary needs.
- People were supported by staff who were aware of their preferences and dietary needs. One staff member told us, "That is all in the care plan, if they don't have milk in their tea or sugar, or if they don't eat meat or are allergic to anything. You read it before you go in [to the care visit] but also they [the person] tells you."

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

- The provider worked jointly with other services to understand people's needs and the support needed to meet these.
- Information and advice from health and social care professionals was included in people's care plans and used to inform people's care. For example, information on how to support people with moving and handling safely.
- Staff understood people's health needs and used this information to support people to live healthy lives. People's care records included detailed information about how their conditions may present and risks associated with these.

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.

- People's rights were protected; staff sought consent from people prior to providing their care and support.
- Systems were in place to ensure people's mental capacity was assessed and reviewed when necessary.

- Records were maintained to show where people had representatives legally authorised to make decisions on their behalf.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to ensure people received appropriate care to meet their needs and preferences. This was a breach of Regulation 9 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 9.

- People were treated with kindness and compassion by staff. One person told us, "They [care staff] have a caring nature and show empathy to my needs."
- Staff were knowledgeable about people and their preferences. They used information in people's care plans about their personal histories to build a rapport with people and inform their approach to providing their care.
- Although people and their relatives expressed dissatisfaction with their care visit times, they spoke positively about the support they received from care staff. One relative said, "I can't complain about the care, it's the timings."
- People told us staff were patient and attentive to their needs. One relative told us, "The staff are patient and polite and are very good with dignity."

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

- Staff encouraged people to make decisions about their day to day care. Staff respected people's decisions and their right to make unwise choices. One staff member said, "I include the person with decisions that relate to their care, such as picking their clothes, what they would like to eat, promoting hygiene and personal care but also allowing them to decline."
- Staff worked with people to make changes to their care at their own pace. For example, one person no longer required support from 3 care staff, staff worked with the person to build up their confidence and reduce the number of care staff safely to meet their needs and promote their independence.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of maintaining people's privacy and dignity and understood how best to support to people in a discreet and respectful way to meet their personal care needs.
- People were supported to maximise their independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through the support they received.

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

At our last inspection the provider had failed to ensure people received care appropriate to their needs and preferences. This was a breach of Regulation 9 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 9.

- People and their relatives or representatives were involved in developing their care and support plans.
- Care planning was focused on people's whole lives and contained detailed information about their preferences, interests and goals.
- A small number of people and their relatives told us their preferences for female care staff were not always being met. The registered manager told us they had systems in place to prevent this happening prior to people's care starting and the provider tried to accommodate this where possible.

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.

- People's communication needs were assessed and communication plans were put in place to help and guide staff on how best to share information in an accessible way. One person told us, "I have hearing difficulties, but the carers will try and engage with me in order to give me the right support."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of their care and support.
- The provider had a policy and procedure in place to ensure complaints were managed appropriately. Complaints were logged, investigated and responded to in a timely manner.
- The registered manager recognised complaints and concerns provided an opportunity for the service to learn and improve.
- People gave mixed feedback about if their complaints and concerns were addressed. One person said, "I

have made complaints to management in the past about carers but the response was positive and rectified now." Another person told us, "My first port of call to raise my complaint was the office. They will sort it out but it slips back after a few weeks."

End of life care and support

- At the time of our inspection, no-one was receiving end of life care from the service.
- People's care plans did not always show people had the opportunity to discuss any preferences or wishes for their care in the future, including end of life care. The registered manager told us this was a recording issue and took immediate action to address this.
- Staff ensured appropriate records were in place if someone did not want to be resuscitated
- Staff understood how to make sure people had dignity, comfort and respect at the end of their life. One staff member said, "Good end of life care is being aware of people's wishes on how they would like to be cared for, remaining calm and considerate."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Although significant work had been done by the provider to review and improve the quality and governance systems, people remained at risk of harm as effective systems had not been embedded or sustained to identify, monitor and drive improvement. The service had been rated requires improvement or inadequate for the last 3 consecutive inspections.
- The timings of people's care visits had been an issue at the last 3 inspections; people's care visits were not always taking place at the times scheduled or within the tolerances set out by the provider.
- People in certain geographical areas were more affected than others with early or late care visit times. This led to people receiving inconsistent experiences of care from the provider. One person said, "I get a lot of apologies from carers being late but it's not really their fault. The office has got the geographical areas all wrong. Having carers dotting from one side of the county to the other is not feasible."
- The provider's audits were not always sufficiently detailed to enable them to understand the range of time care visits were taking place within and what impact this had for people receiving care and support from the service.
- People and their relatives did not always have confidence in the organisation of the service or the provider's ability to sustain improvements. One person said, "They provide very unpredictable times, which we have repeatedly raised and no-one does anything about it, there is a lack of organisation."

Systems had not been established to robustly assess, monitor and improve the quality of the service This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made changes to the service to help improve oversight of the care provided. This

included changing out of hours arrangements and the introduction of a monitoring administrator, who was responsible for reviewing people's care visits as they happened.

- Immediately prior to our inspection the registered manager had started to make changes to rotas to improve people's care visit times.
- Following our feedback, the registered manager and nominated individual told us about further changes they were introducing to make further improvements to care visit times, such as re-planning routes to enable staff get to care visits on time. This work was at the early stages and had not been fully embedded to identify if this had improved people's experiences of the service.

Working in partnership with others

- Staff worked in partnership with relevant professionals to ensure people received the care and support they needed.
- Professionals gave mixed feedback on their experience working with the provider. Commissioners expressed concern about the timeliness of people's care visits. One social care professional described a positive experience working with the provider and said, "The care coordinators were easily contactable and they helped to support me in my role."

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

- The registered manager was committed to promoting a positive culture within the service and role modelled good practice.
- The registered manager was focused on driving improvement at the service. Changes they had made had been newly introduced and their impact had yet to be established.
- Staff felt supported by the registered manager. One staff member said, "I feel fully supported by the registered manager, I know I can get in touch about any questions or concerns I have."

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

- The provider understood their responsibility to be open, honest and apologise to people if things went wrong.
- Written evidence of duty of candour was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people and their relatives to give a full and diverse range of views and concerns to shape the service.
- The provider used questionnaires to gather feedback on the service from people, staff and other professionals the service worked with. Their feedback was used to monitor the service and how it was progressing.
- Staff felt involved in the service and able to give suggestions to make improvements.
- Newsletters were used to communicate to people, their relatives and staff changes being made to the service and share lessons learnt.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>(1)(2)(a)(b)(f)</p>