Granby At Home Limited

Granby at Home

Inspection report

Granby Gardens
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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

The inspection was carried out on 1 and 2 February 2016. This inspection was announced as we gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At our last inspection on 26 November 2013 the provider was meeting the regulations that were assessed.

Granby at Home provides care and support to people who live in their own homes in the Harrogate area and in the assisted living service Granby Gardens. The agency's office is situated in Granby Gardens. The service is registered to provide the regulated activity personal care. The agency is part of the Brighterkind group.

There was a registered manager at the service. 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.'

The feedback we received from people who used the service was very positive. We received no negative comments. People told us they had confidence in the staff and they felt safe in the way staff supported them.

Any risks to people had been assessed and plans put in place to reduce those risks whilst maintaining people's independence. Risks were assessed in relation to staff safely carrying out their roles. All risk assessments were reviewed regularly to make sure they continued to be appropriate. Any accidents and incidents were reported and there were systems in place to support staff should an emergency occur.

Appropriate checks were made as part of the service's recruitment process. These checks were undertaken to make sure staff were suitable to work with people who used the service. The service provided a training programme for staff to ensure they had the knowledge and skills to support people. This included a comprehensive induction and training at the beginning of their employment, and all mandatory health and safety training.

We saw systems were in place to provide staff support. Staff participated in staff meetings, and one to one supervision meetings with their supervisor and completed an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation

to consent or refusal of care or treatment. Staff had received training in this subject.

Where people needed assistance taking their medicine this was administered by staff that had been trained to carry out this role. Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

People told us they were included in discussions about how their support was provided. They told us they were introduced to staff prior to them providing support and described staff from the agency as kind and considerate. People told us that they were treated with dignity and respect.

People's care plans were detailed and reflected individual choice. The registered manager reviewed people's care packages with them regularly to ensure people's care needs were met and this was recorded, up to date and accurate. Staff told us they felt well informed about people's needs and how to meet them.

People said they were confident in raising concerns. Each person was given a copy of the agency's complaints procedures.

The provider had systems in place to enable people to share their opinion of the service provided and to check staff were performing their role satisfactorily.

Staff we spoke with told us how much they enjoyed working at the agency and were committed to providing an excellent service for people. Systems and processes were in place to monitor the service and drive forward improvements.

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.

Staff demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate competency.

Staff had been recruited safely to ensure they were suitable to work with people who used the service.

Is the service effective?

Good

Is the service effective?

The service was effective.

People received effective care and support that met their individual needs and preferences from staff who were well trained and knowledgeable.

Staff received support from more senior staff and through supervision.

The service worked within the principles of the Mental Capacity Act (MCA) 2005.

People were able to access healthcare professionals when this was needed

Where staff were required to support people with meals and drinks training was provided specific to the individual person who used the service.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices. Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories.

People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Is the service responsive?

Good

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

People we spoke with knew how to make a complaint if they were unhappy.

People using the service and other professionals involved were given opportunities to provide feedback on the service. This enabled the provider to address any shortfalls or concerns.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Granby at Home

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.

The inspection was carried out on 1 and 2 February 2016. This inspection was announced as we gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection team consisted of two inspectors.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider. We spoke with the local authority contracts and safeguarding teams and with Healthwatch. Heathwatch represents the views of local people in how their health and social care services are provided.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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. We asked for and received a list of names of people who received personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with the registered manager and three members of staff. We spoke with four people who used the service over the telephone. We received further feedback via email from three members of staff. We reviewed the records for four people who used the service. We looked at three staff files to review recruitment and training records. We checked management records including staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

The feedback people gave us was consistently positive. All of the people we spoke with said they felt safe with the care workers in their homes. One person said, "I have total confidence in the carers that visit me." And another said, "I trust the staff and I feel very comfortable with them."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff we spoke with showed a good knowledge of safeguarding people and could identify the types of abuse, as well as knowing what to do if they had any concerns. They told us they had received training with regard to safeguarding adults during their induction period, followed by periodic updates. This was confirmed in the training records we looked at. There was evidence the agency had worked collaboratively with the local authority safeguarding teams. This demonstrated the service was committed to ensuring people received safe care.

The registered manager told us although there were some difficulties in recruiting appropriate staff, they had sufficient numbers of staff to provide care and support to people in their own home. People received carers who they were familiar with. One person said, "I always know who's coming and any new carers are introduced to me." The registered manager told us they completed the rota every week and this was sent to staff and people who used the service in advance. They said they arranged calls in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of the call. People who received care and support from the agency told us the staff were on time and they received a reliable service.

We looked at the recruitment records for three members of staff and discussed recruitment processes with the registered manager. We saw robust measures were in place to ensure staff were suitable to work with people who used the service. New staff had completed an application form with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks people's criminal record and also check to see if they have been placed on a list of people who are barred from working with adults who need this type of support.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to the health and support needs of people who used the service. For example moving and handling a person safely in their own home or supporting people with their medicines. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and

care plans included information about the support they required with medication. Records showed that staff involved in the administration of medicines had been trained. Staff we spoke with had a clear understanding of their role in administering medicines. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and had their training regularly updated.

Staff confirmed they had received infection control training. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences from staff who were well trained and knowledgeable. One person told us, " The carers are very competent, I think they get regular training." And another person said, "The carers seem to know what they are doing, they now what I like and how I like to do it." Another person said, "The boss comes round to make sure everything's ok. And she checks to see carers are doing things right."

The staff we spoke with told us that they had received an induction when they started working for the service. They explained that they had been supported and supervised by more experienced staff when they went into people's homes until they were assessed as competent and felt ready to conduct home visits independently. One staff member told us they felt they had good support from the start of their probationary period and stated, "This is a good team to work in."

The service made sure that staff were suitably competent before offering them a permanent position. Staff had a three month probationary period which determined whether or not their employment became permanent. Probationary reviews were carried out during this time and then after this period they received supervision every two months. Supervision is a one to one meeting with the persons manager to discuss work related matters and any training and development needs. The staff we spoke to confirmed this and their files contained copies of letters sent to them to confirm that their probationary period was over and their position was permanent. This meant that staff were well supported in their roles. One member of staff told us, "The team support each other.".

Staff undertook a comprehensive training package when they started working at the service in order to make sure they were able to meet people's needs effectively. We saw that an e-learning training package was being used and that staff had 12 weeks to complete this. Staff needed to achieve a specific percentage of accuracy to have successfully completed the training. This package was called Strengths, Opportunities, Aspirations and Results (SOAR). The management of the service had access to the SOAR package online and could track each member of staff as they progressed through the training.

We saw evidence of other training relevant to staff roles completed in their files. This included training in moving and handling people, infection control, medicines competency, health & safety, dementia awareness and fire safety, with dates of completion and certificates in the files.

The service wanted staff to achieve the care certificate and we were told this would be the next training the service would be sourcing. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. The staff we spoke with told us they knew about the care certificate training and were keen to achieve the qualification.

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.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. Consent was sought from people who used the service and this was evidenced in the care plans with signed and dated documents. We saw that the pre-assessment process included discussing dignity, respect and consent with people and we observed that this was documented in their care plans. Consent for specific types of required care was also documented. For example where people required personal care consent was given. There was no one who lacked capacity to make their own decisions at this service so we did not observe any specific documents relating to this area in care plans..

A change to the care needs of one person was documented in their care plan. We saw that when a change to where medicines were kept was required it was clearly documented. There were details of why the change was being implemented and the person had given consent for this change. It had also been discussed with a family member. All documents were signed and dated.

Care workers supported some people to prepare meals or prepared meals for them. Those people had very specific details in their care plans of how this should be achieved. The care plans detailed exactly how people liked their food to be prepared, their favourite meals and how they liked their meals and drinks to be served. We saw details of one person who was becoming bored with some of the meals they had, so care workers encouraged them to try some different options. They took photographs of meals available at the persons preferred shop and then went through these with them, so that they could choose the options they wanted to try. This was confirmed by the staff member involved, when we spoke with them. They told us this was a positive outcome for the person who was now experiencing more variety in their chosen meals and was maintaining a healthy diet.

The staff we spoke with told us how they monitored the food and drink intake of people who used the service if that was necessary. They wrote down everything people had to eat and drink during a visit and also noted any changes that may have impacted on the person's health and well-being in the daily records. We observed these records and saw that they included details of meals, drinks, how the person was feeling that day and all care given.

Staff told us that any relevant information was shared with health and social care professionals working with the person. There was a communication book that was completed and kept in the person's home. They felt that this method was effective and kept everyone visiting the person informed and updated. This information was also passed to the registered manager and discussed with the person who used the service.

When they had any concerns staff contacted the appropriate health or social care professionals. In the event of concerns around a person's health the information was recorded in the daily notes, the registered manager was informed and referrals to health or social care professionals made. The staff we spoke with described the process they would follow and in addition said they would update the records for that person in accordance with any changes.

Good

Is the service caring?

Our findings

People told us that they were cared for by staff who were, 'kind, cheerful and respectful.' Comments included, "They (staff) are wonderful. They are very kind and thoughtful." And, "I have developed very good relationships with them all." And another person commented, "There are such a big help, I love to have a chat as I don't see many other people. They are a really important part of my day."

Staff we spoke with demonstrated they were knew people's needs and preferences well. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

Staff we spoke with were enthusiastic and keen to look at ways they could promote people's wellbeing. For example staff where staff had photographed a variety of ready meals to encourage someone to eat more. Staff also told us about the 'fish and chip run' where by every Friday staff collected fish and chips for people. We also heard that staff had cooked and eaten Christmas dinner with people who had no other visitors that day. One member of staff told us they had eaten two Christmas dinners in order to make Christmas day less lonely for people.

All of the people we spoke with felt that their privacy and dignity was respected. Staff explained how they promoted people's privacy and dignity. For example, they said they made sure doors and curtains were closed when providing support with personal care. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme. This was to ensure staff were caring for people in a respectful and dignified manner. One member of staff told us, "I take pleasure in being a support worker and believe that we give correct care and show dignity with every client on a daily basis. Each of our clients are treated independently and the safety of our clients is extremely important and I believe we do our best to ensure this happens."

The service had a confidentiality policy which staff signed up to when they commenced employment. Staff also told us they were aware of the need to maintain people's confidentiality. One member of staff said, "I don't talk about clients outside work."

People who used the service took part in satisfaction surveys; some examples of comments made included, "I like to think of each carer as a friend." Another person had recorded, "I'm quite happy with the level of help I get. A good breakfast is all I need to set me up for the day and all you girls are good at doing this."

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support ad gave an example of when they had instigated an advocate.

Good

Is the service responsive?

Our findings

People told us, and we saw from the care records we reviewed, that people were involved in planning their care and support. Everyone we spoke with confirmed they had been consulted about their care and support. One person told us, "[Name] came to see me and we talked about what help I needed." People also told us the registered manager visited regularly to make sure people were happy with the support they were receiving. One person told us, "[Name] is always checking everything is ok, we decided a while ago that I needed a longer visit and this was organised."

Another person we spoke with told us, "Staff always check with me about what I want them to do and if they have time they do a bit extra or we sit and chat."

We looked at the care records for four people who used the service. We saw that prior to a service being offered an assessment had been completed which detailed what support people needed. Following this we could see that a detailed care plan had been written in conjunction with the person using the service.

Care plans were detailed and included the approach care workers needed to take to ensure that people received consistent, safe care. The registered manager talked about the personalised approach that the service had to support people who used the service. We saw example of this detail in one person's care plan which described how the person liked their tea with just a 'splash of milk'. They explained that it was the person's history and knowledge of their interests that was often important in being able to offer good quality support and personalised care. Care plans covered areas such as personal care needs, nutritional needs, and support with medicines. There were also details of emotional support people may need and details of people's social and work history, all of which helped staff to build a positive relationship with the person.

The care plans we looked at had been reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support to be given. Care plans included sequencing instructions for staff on how to provide care and support according to the individual's needs and preferences.

The daily records provided an over view of the care and support given by the staff. Information about how to contact the agency out of normal working hours was made available to people who used the service. Both staff and people who used the service confirmed they had these details and had used them on occasion.

The service had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. Everyone we spoke with said they had confidence that if concerns the service would respond appropriately.

We reviewed complaints records. There was a system in place to document concerns raised, what action was taken and the outcome. There were no recent complaints. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of

people who felt unable to do so themselves.

The agency has implemented a Duty of Candour policy in line with new regulations and staff had been made aware of this.

Good

Is the service well-led?

Our findings

We saw the service had an effective management structure. There were clear lines of accountability and ways of working. Staff had clearly defined roles and responsibilities. Staff told us the registered manager for the agency was actively involved in the service and we found this to be the case.

Staff spoke positively about the registered manager. One member of staff said, "We have staff meetings regularly and get chance to talk about any problems we have. I feel very supported and I know that someone will be at the end of the phone of I need anything or just reassuring." And another member of staff said, "My manger is very supportive and I know if I need anything she will do her best to support me and the clients, she is very approachable and easy to talk to."

We saw in people's care records an audit check list which was completed with the person using the service. Information in the checklist included whether the person was involved in care planning, completing daily documentation and missed or late calls. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. The registered manager also completed spot checks in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The registered manager told us if issues were identified extra staff training and support was provided.

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager completed audits to monitor the service including missed/late calls, medicines, staff recruitment processes, supervision and appraisals, and accidents and incident reporting. Completing these audits helped identify any shortfalls which could be rectified in a timely manner.

The registered manager explained that within the corporate provider group there were only two services registered to provide personal care. However, Granby at Home is located in a building which has two other registered services. The registered manager had been proactive in requesting quality assurance checks from the providers auditing team. From this action plans had been developed. As a result of this the registered manager was now included in the management team with the two other locations and as such was supported by the general manager and unit leaders. They went on to say they met daily as a management team to discuss and share information. The registered manager said this was invaluable.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred any were recorded and these were reviewed each month and this helped to minimise re-occurrence.