

Age Gracefully Limited

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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:

Age Gracefully Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 26 people using the service.

People's experience of using this service:

- People felt safe and the service assessed risks to the health and wellbeing of people who use the service and staff. Where risks were identified action was taken to reduce the risk where possible.
- Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Medicines were handled safely by staff who had been assessed as competent to do so. We gave the provider some guidance about how to improve this in the documentation to ensure this was clear in care plans when this was administered or prompted for people by staff.
- People received effective care from staff who were well trained and supervised.
- People felt the service they received helped them to maintain their independence where possible.
- People said that staff were caring and respected their privacy and dignity.
- People received care that was designed to meet their individual needs and preferences.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People knew how to complain and knew the process to follow if they had concerns.
- People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.
- People did not always receive their calls on time, but the provider had put measures in place to make improvements to this. We saw evidence of their call monitoring system and quality monitoring system for this process.

Rating at last inspection:

The service was inspected on 31/01/2018 and was previously rated as Requires Improvement overall.

Why we inspected:

This was a planned comprehensive inspection in line with our inspection programme.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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	Good ●
Is the service effective? The service was Effective	Good ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was Responsive	Good ●
Is the service well-led? The service was Well-Led	Good ●

Age Gracefully Limited

Detailed findings

Background to this 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.

This was an announced comprehensive inspection, which took place on 20 March 2019 and was undertaken by two inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 48 hours' notice of the inspection visit because we visited the office location of the service and needed to be sure that they would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke to 11 people who used the service, the care co-ordinator, four care support workers, and the registered manager.

We looked at the care records of six people to see whether they reflected the care given and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I am aware of the whistle blowing policy and how to report concerns. Everything would be reported to the manager or the safeguarding team." We saw that staff were trained in safeguarding awareness and information around safeguarding awareness was available within the office.

Assessing risk, safety monitoring and management

- Risk assessments were individualised and up to date. They covered the potential health risks present for people and the environments they were receiving support in, including the home and community. People and the staff we spoke with were happy with the content and positive they promoted safe support. One person we spoke with told us "They are very supportive and caring, they make sure the doors are locked and make sure I have everything beside me."

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Using medicines safely

- Systems were in place to ensure medicines were administered safely. Medication administration records (MAR) were used accurately to record medicines, and staff training in medication administration had taken place. People's medication was recorded on an electronic handheld device in the home, and transferred to the office, to reduce avoidable errors. Feedback from people we spoke with told us they were happy with the support they received with medicines.

- One person told us "They [Staff] help me take my pills and yes on time."

We asked the provider to ensure that the medication recording was clear when staff were either prompting or supporting people to administer medication on their MAR charts. This has since been rectified by the registered manager to ensure that medication records accurately reflect the support people have received with their medication. Staff have since received refresher training in this new method of recording medication in people's homes and care plans.'

Preventing and controlling infection

- Staff had completed training in health and safety and were up to date with guidance on keeping people safe. Observations and spot checks by the registered manager took place, to ensure staff followed infection

control practices. Staff and the people we spoke with told us they had the appropriate personal protective equipment available to support people's safety, such as gloves, aprons and footwear covers as appropriate.

Learning lessons when things go wrong

- Staff understood how to record and report incidents and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems and discuss any learning points and actions. We saw evidence that actions had been taken to address areas requiring improvement within the service.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw that pre-assessments of people's needs were created by the registered manager and care co-ordinator before care was first delivered, to ensure each person's needs could be met. People's diverse needs were identified, to ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences. One staff member told us, "I like meeting people, I like their stories and supporting them to stay independent."

Staff support: induction, training, skills and experience

- Staff were skilled and experienced, and people received the care they required. Staff went through an induction training package when starting employment, and continued training took place to refresh knowledge and keep up to date. The registered manager said, "We carry out a comprehensive induction for two weeks, which includes mandatory training, shadowing, followed by sign off from myself." We saw that staff completed the Skills for Care Certificate, which covers the basic standards required for care. Records confirmed that all staff training was up to date.

- One staff member told us "All the staff here are willing to learn as they want to do the best for people. You do all the mandatory training at least once a year and new people get full training and induction when they start. You get to meet the clients before you work with them to see if you get along."

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

- Staff supported people to eat and drink sufficient amounts, where required. One person said, "I have breakfast, lunch and tea, and a drink in the evening, I tell them what I want from my freezer."

- Staff told us that they knew people's preferences and needs with food were documented within their care plan. We saw that staff had been trained in food hygiene and showed a good awareness of people's needs in relation to dietary requirements and culturally appropriate food.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as therapy teams and doctors. For example, we saw information documented between the service and a health professional, to assess some new equipment for somebody's care. Detailed information regarding people's health requirements and changes in people's conditions was kept by staff.

One person told us "I have poor skin, the carers put dressings and creams on as advised by the district nurse."

Supporting people to live healthier lives, access healthcare services and support

- We saw that the service was liaising with health professionals when required. One staff member told us "One person was being discharged from hospital, so I waited for them. The discharge was delayed so I went home, just as I walked in the person called to say they were back, so I went out to make sure they were ok and settled at home. I then found out they had left something at the hospital, so staff went back and collected it for the person."

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

- People's rights to make their own decisions were protected. We asked the provider to ensure that the outcome statements for people in the MCA assessments were personalised, which they have since rectified.

- Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work.

- We checked whether the service was working within the principles of the MCA and found that they were. The 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

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

Good: 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

- Positive and caring relationships were developed between staff and people. Most people we spoke with felt that staff were kind and caring. One person said, "You get to know them and they get to know me, they are very nice to me."

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

- People felt involved in their own care as much as they were able to be, and staff listened to what they said and were led by their wishes. One person said, "Yes, I say clearly what I want and don't want." All the staff we spoke with felt they were given the time they required to provide the care people needed, and get to know them and chat in the process. One person told us "They do chat to me, I am a chatty person."

- We saw that information about local advocacy services was available for those who required it.

Respecting and promoting people's privacy, dignity and independence

- Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. One staff member said, "You always make sure that curtains are closed and people are covered up as they want to be, when providing personal care."

- People we spoke with confirmed that staff were respectful of their dignity. One person told us "They treat me with respect, I prefer them to call me by my Christian name."

Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was personalised to meet each person's individual needs. Care plans were detailed in the specifics of each person's routines, preferences, likes and dislikes. For example, care plan sections were called 'Things that are important to me.' and 'Respecting my lifestyle choices.' We saw evidence that people and their family or advocates had been involved in planning their care. One person told us "I had a care plan review, just before Christmas, but I make the decisions."

- People's likes and dislikes, and personal preferences were described so that staff could understand the individual needs of each person. All the staff we spoke with felt they had the time they needed to get to know how people wanted to receive care. One member of staff told us "It is about tailoring everything to the individual, not the routine, making sure it is done to their liking, the things they want to do, the way they want to dress etc."

We saw that all care plans were reviewed to ensure they reflected people's current needs

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had called the office if they had concerns, and had been responded to in a timely manner. One person told us "I can phone or email to complain." Another person told us "If they are not here within 15 minutes I call them straight away and they sort it out."

- Some people we spoke with felt that staff did not always adhere to the allocated time that a call was due to start, and expressed this frustration. We spoke with the registered manager who told us they were aware that some people were not happy with this situation, and had made sure to communicate with all staff about the importance of accurate call timings. The service now used an electronic recording system (PASS). The PASS system is used alongside Quikplan with both used to monitor and plan staff attendance and locations. We saw evidence of the measures taken to improve call timings. The registered manager also explained that some care packages had recently changed, which would have a positive impact on the schedules set for staff.

- We saw two formal complaints that were recorded and responded to appropriately by management, to the satisfaction of the complainants. We discussed an incident that we had been notified about by the Local Authority in relation to late calls, which the provider gave us assurance had been addressed by the electronic monitoring process. We saw evidence that this incident had been responded to appropriately by management.

End of life care and support

- People's end of life care and final wishes had been discussed with them before they had started using the service which was recorded in their care plans. We found that staff had completed the BIIAB level 2 Certificate in End of Life Care.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was open and honest, and promoted a positive culture throughout. One staff member said, "I think the team work well together, we try to be there to support each other." Another staff member said, "The managers and senior staff are very hands on, they are always out in the field helping out. It would be great if more were like that."

- We saw evidence that people's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them. People were supported to maintain social and personal relationships within their community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post. 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 provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

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

- We saw that any equality or cultural needs people had were identified and incorporated into care plans and met. People benefitted from a staff team that were happy in their work. Staff felt the service was well-led and told us they enjoyed working at the service. One person told us "They [Staff] have a job to do and do it, I always find them pleasant."

Continuous learning and improving care

- Staff felt they were provided with training that helped them provide care and support to a good standard. People told us that they felt that staff were well trained to support them. One person told us "The care I receive is brilliant."

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. The people we spoke with mostly told us that they could contact the office and speak to a member of the management team easily and were confident to do so. One person told us "It is local, they seem friendly, there is always someone in the office, good telephone manner, they make you feel at ease."

Staff meetings were held regularly which staff told us enabled them to raise topics of important conversation around any issues that needed to be addressed, although these were not always easy to attend around shift patterns.

- People and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well. People said the registered manager and senior staff were approachable.

We asked people if they would be happy to recommend the service and mostly they told us they would be 'likely' to recommend the service to friends or family if they needed similar help or support.

Working in partnership with others

- We saw that the service shared information as appropriate with health and social care professionals. Referrals had been made as when necessary for people who had been identified as requiring input from services in the community.